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Draft

Partner Services

Evaluation Field Guide

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INTRODUCTION

This Partner Services Evaluation Field Guide (PSEFG) was developed as a supplement to the *Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea and Chlamydial Infection* published in the November 7, 2008 CDC Morbidity and Mortality Weekly Report (MMWR).[1] This field guide provides organizations, specifically health department personnel at the state and local levels, with step-by-step instructions to assist in the development and implementation of monitoring and evaluation activities for partner services programs. The information and tools included here are examples and should be adapted as necessary to best suit local programs. This guide is intended to serve as a monitoring and evaluation resource for partner services programs and does not replace or duplicate information in the partner services module of the Program Operations Guidelines for STD Prevention.[2]

Overview and goal of partner services

Partner services are a broad array of services that should be offered to persons with HIV infection, syphilis, gonorrhea, and chlamydial infection and to their sexual and needle-sharing partners. A critical function of partner services is partner notification, a process through which index patients (i.e., infected persons who are candidates for partner services) are interviewed to elicit information about their sexual and needle-sharing partners, who can then be confidentially notified of their possible exposure or potential risk. Index patients should be encouraged to notify past partners, in addition to current partners, and engage them in testing services. Partner services are always voluntary, confidential, client-centered, and free, for both the index patient and his/her partner(s).

The overall goal of partner services programs is to prevent HIV/STD disease transmission and progression via partner notification and the provision of screening and referrals for treatment for identified partners. Services include testing for HIV and other

1 Centers for Disease Control and Prevention. Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection. MMWR 2008; 57 (No. RR-9). 1-80.

2 Centers for Disease Control and Prevention. Program Operations Guidelines for STD Prevention, Partner Services. Atlanta, GA: CDC; 2001. Available at http://www.cdc.gov/std/program/partner/TOC-PGpartner.htm

types of STDs (not necessarily limited to syphilis, gonorrhea, and/or chlamydial infection), hepatitis screening and vaccination, linkage to medical care, provision of prevention counseling, and linkage to other care and prevention services (e.g., reproductive health services, prenatal care, substance abuse treatment, social support, housing assistance, legal services, and mental health services).

Additionally, specific program goals have been identified for infected persons, their partners, and the community at large. These include:

- Infected Persons
  - Maximize access to partner services by providing all infected persons with support to ensure that the partners are confidentially informed of exposure
  - Maximize effective linkage to medical care, treatment, prevention interventions, and other services to reduce the risk for transmission to others
- Partners of infected persons
  - Maximize the proportion of partners who are notified of their exposure to HIV/STDs
  - Maximize early linkage of partners to testing, medical care, prevention interventions, and other services
- Community
  - Reduce future rates of transmission by aiding in early diagnosis and treatment (or linkage to treatment, for those with HIV infection) and provision of prevention services to infected persons

Partner services can have positive results, including: 1) positive behavior changes and reduced infectiousness; 2) decreased STD/HIV transmission; and 3) reduced STD/HIV incidence and improved public health. Additional benefits include decreased likelihood of re-infection for STDs, increased access to care and treatment, and increased early identification and treatment of previously undiagnosed HIV/STD infection, including HIV and STD co-infections.

Partner services models and the importance of integration

Program Collaboration and Service Integration (PCSI) is a mechanism of organizing and blending interrelated health issues, activities, and prevention strategies in order to maximize public health impact through new and established linkages between programs to facilitate the delivery of services.[3] For partner services, the focus is on improving collaboration be-

3 Centers for Disease Control and Prevention. Program Collaboration and Service Integration: Enhancing the Prevention and Control of HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis in the United States. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2009. Available at http://www.cdc.gov/nchhstp/programintegration/

tween programs in order to enhance integrated service delivery at the client level, or at the point of service delivery.

Health departments use a variety of different models to deliver partner services. Each model may approach integration differently, depending on the local service delivery system and available resources. With every model, the health department has the responsibility to ensure that all persons diagnosed with HIV, syphilis, gonorrhea, and chlamydial infection have access to partner services as quickly as possible after diagnosis. The health department should also work to develop partnerships to improve service delivery. Strengthening internal and external collaborations can enhance the delivery of partner services across service modalities and foster increased patient acceptance.

Examples of partner services program models

- An integrated HIV/STD partner services program
- Partner services provided solely by the STD or HIV program
- Community-based organization (CBO) and public health care system partnerships leveraged to provide select services
- Private sector involvement in the delivery of partner services
- Field-delivered testing, therapy, and expedited partner therapy

Programs may utilize components from multiple models or employ another strategy not mentioned above. There may also be multiple levels of integration among programs and staff. For example, as indicated in the CDC recommendations, partner services programs should focus on greater collaboration and integration by exploring utilization of surveillance data and disease reporting systems to identify potential candidates for partner services.[4]

When an integrated approach to providing partner services for HIV and STDs is not used, there may be structural barriers that present additional challenges when attempting to integrate services at the client level (e.g., having one group of staff responsible for conducting partner services activities for HIV and other staff responsible for STD activities; or the existence of state laws that pertain specifically to HIV). Regardless of the program structure or model, it is important that partner services are part of a comprehensive set of services offered to clients and that they are integrated at the client level to maximize resources, avoid duplication, and streamline the prevention and care continuum.

4 CDC, Recommendations for Partner Services Programs, p. 15.

ABOUT THE PARTNER SERVICES EVALUATION FIELD GUIDE

Purpose of this guide

This field guide provides health department personnel at the state and local levels with instructions and examples to assist in the development and implementation of monitoring and evaluation (M&E) activities for partner services programs. The information in this guide supplements the "Program Monitoring, Evaluation, and Quality Improvement" section in the CDC's *Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea and Chlamydial Infection*.[5] The information and tools are intended to guide local evaluation efforts and complement information provided in the partner services module of the Program Operations Guidelines for STD Prevention.[6]

> All examples, suggestions, or recommendations (other than conditions stated in your funding agreement) should be adapted as necessary to your organization and your partner services program.

This guide can help you

- Assess your organizational capacity to conduct monitoring and evaluation activities
- Identify staff to participate in monitoring and evaluation activities
- Develop a monitoring and evaluation plan for your partner services program
- Adapt tools for monitoring and evaluation
- Use data for program improvement

5 CDC, Recommendations for Partner Services Programs, pp. 50-55.

6 CDC, Program Operations Guidelines, http://www.cdc.gov/std/program/partner/TOC-PGpartner.htm

Who should use this guide?

This field guide is a resource for health department program managers responsible for overseeing partner services programs for HIV infection, syphilis, gonorrhea, and chlamydial infection at the state and local levels. This guide may also be useful for other partner services providers or health department staff members, including the quality improvement staff, who have other responsibilities as part of the partner services program. This field guide will help staff understand the value of monitoring and evaluation for partner services and help to focus efforts on evaluation at the service level. It may also be used by the state-level program manager to assist local jurisdictions to develop their own monitoring and evaluation plans for partner services.

What information is included in this guide?

This field guide provides an overview of M&E for partner services. Activities are organized based on the CDC Framework for Program Evaluation in Public Health.[7] The framework will be introduced and described in Section II of this guide. This document explains the steps in the framework in practical terms, utilizing the steps to illustrate development of a partner services M&E plan. The essential partner services evaluation questions and measures outlined in the CDC recommendations are incorporated as examples throughout the guide and help explain each step of the evaluation process. The examples provided should be modified for local use as needed.

Two helpful resources for additional information about the evaluation process are the *CDC Evaluation Capacity Building Guide*[8] and CDC's *Practical Use of Program Evaluation among Sexually Transmitted Disease (STD) Programs.*[9]

This guide is organized as follows:

Section I - Preparing to Monitor and Evaluate Partner Services Programs
Provides an overview of M&E and then describes the distinction between M&E for partner services and its use for responding to CDC reporting requirements.

7 Centers for Disease Control and Prevention. Framework for Program Evaluation in Public Health. MMWR 1999; 48 (No. RR-11). 1-42.

8 Centers for Disease Control and Prevention. Evaluation Capacity Building Guide. Atlanta, GA: Developed for the Centers for Disease Control and Prevention under contract number 200-2006-18987; 2008.

9 Salabarría-Peña, Y, Apt, B.S., Walsh, C.M. Atlanta, GA. Practical Use of Program Evaluation among Sexually Transmitted Disease (STD) Programs. Developed for the Centers for Disease Control and Prevention; 2007.

Section II - CDC Framework for Program Evaluation in Public Health

Lays the foundation for program monitoring and evaluation by introducing the CDC framework. The six steps of the framework are described as they relate to the development of a monitoring and evaluation plan for partner services.

Section III - Tools

Provides an overview of the tools that have been developed and included in this guide to assist in the implementation of a partner services M&E plan.

Section IV - Resources

Lists CDC resources that are referenced in this document and additional resources that may be helpful with the implementation of M&E activities.

There are a few symbols and text flags that are used throughout this guide:

Recommended Activity: Signifies a suggested activity for your agency to complete

Time-saver: Signifies a "time-saver," usually identifying a tool included in the guide that can be tailored to your agency's needs

Tip: Signifies a suggestion for how to approach an activity

Link to the "*Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection*": Signifies information that is addressed and/or discussed in further detail in the CDC recommendations

1 PREPARING TO MONITOR AND EVALUATE PARTNER SERVICES PROGRAMS

What is monitoring and evaluation (M&E)?

Monitoring and evaluation activities are essential components of any program or intervention. They provide a way to look at the ***resources*** that go into a program (e.g., staff, money, supplies, etc.); the ***activities*** that take place (e.g., interviews, notifications, counseling sessions, tests, referrals, etc.); and the ***results*** of program implementation (e.g., awareness of HIV/STD status, linkage to care, notification of additional partners, etc.).

MONITORING

The regular observation, tracking, and recording of activities taking place in a program or project. It includes the process of systematically observing and routinely gathering information on all aspects of the program.

Monitoring also involves providing feedback about the progress of the program to the stakeholders and implementers to be used in making decisions for improving program performance.

EVALUATION

The systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and inform decisions about future programming.

M&E activities can provide information and data to address two overarching questions for program managers and staff:

- **Monitoring**: Are you doing what you said you would do?
- **Evaluation**: Is what you are doing having its intended effect?

The answers to these two very broad questions provide information that can be used for program management and improvement, accountability to funders and other stakeholders, and for program marketing and advocacy purposes.

Why is M&E important for partner services programs?

This field guide will focus on process monitoring, process evaluation, and outcome monitoring. Process M&E will help examine the populations served by the partner services program and how the program is being implemented. Outcome monitoring will help assess whether the partner services program is having its intended effect and to what extent the program goals and objectives are being met. Each will be discussed in detail later in this guide.

M&E may serve many purposes. For partner services, data collected through M&E activities can be particularly beneficial to help make decisions about: 1) quality assurance; 2) program management; 3) program planning; 4) quality improvement; 5) the need to garner additional resources; 6) advocacy; and 7) identification of emerging trends.

Benefits of M&E Data for Partner Services	
M&E can be useful for:	**M&E data can:**
Quality assurance	Help monitor staff performance; and ensure that protocols are in place and adhered to, services are delivered as intended, and standards of quality are being met. QA activities may focus on: ■ Proportion of partners reached ■ Timeliness of receipt of case reporting ■ Timeliness of linkage or referral to care ■ Timeliness of diagnosis and treatment ■ Confidentiality
Program management	Help assess program performance; provide insight into what is working well and what is not. Understanding staffing patterns, resource allocation, and training needs can help program managers plan activities and address emerging challenges. Data that emphasize program achievements can be shared with staff to increase morale and retention. Activities include: ■ Reviewing and updating protocols on a regular basis ■ Assessing staff capacity to effectively provide partner services ■ Identifying staff training needs ■ Allocating resources and ensuring their efficient use
Program planning	Determine if program goals and objectives have been met; identify program areas that may need to be modified or improved to meet future goals and targets; and make informed decisions about program implementation including: ■ Delivering quality services ■ Expanding access to program services ■ Linking patients to appropriate medical and prevention services ■ Identifying and planning services for emerging populations

M&E Can Be Useful For:	M&E Data Can:
Quality improvement	Help ensure that program performance and quality of care are continuously monitored and improved. Quality improvement focus areas include: ■ Timeliness of diagnosis and receipt of case reporting ■ Timeliness of referral to care ■ Timeliness of treatment ■ Maintaining confidentiality ■ Ensuring program collaboration and service integration at the client level ■ Maintaining client and partner satisfaction with service delivery ■ Proportion of partners reached
Garnering of resources	Be used to market services and forge new partnerships with relevant providers, community leaders, agencies, and community-based organizations. M&E data can also help maintain or renegotiate existing relationships for referrals and linkage to care. Data that identify client needs and gaps in services can be used to garner additional funds and support.
Advocacy	Help build credibility by highlighting successes, building community awareness, gaining support, and encouraging policy development. Data can provide the impetus to expand community outreach and broaden the dissemination of prevention messages throughout the community.
Identification of emerging trends	Help determine if emerging populations are accessing partner services and if the services respond to their particular needs and your local epidemic. Additionally, identification of trends or changes in client characteristics can help build a case for additional funding from new or existing sources.

Use of partner services M&E data at the national level

Monitoring and evaluation activities involve the collection of data that help answer programmatic questions. The Division of HIV/AIDS Prevention (DHAP) and the Division of STD Prevention (DSTDP) have established data reporting requirements for their funded programs to answer critical national questions such as the following:

- How successful are partner services programs at identifying and interviewing individuals with newly reported HIV and STD infection?
- How successful are partner services programs at notifying partners of their exposure to HIV and STDs?
- How successful are partner services programs at testing and/or treating partners?

- How successful are partner services programs at linking positive partners to care services?

A variety of mechanisms are available for grantees to submit their partner services data to CDC, including the use of STD*MIS, the Program Evaluation and Monitoring System (PEMS), and local data systems. Additional resources, technical assistance, and support are available from CDC regarding the use of data systems and the data reporting requirements for STD and HIV. These resources are referenced in Section IV of this field guide.

A subset of your agency's M&E data set should be the data required to meet CDC reporting requirements for partner services. This guide will focus on monitoring and evaluating partner services activities for program planning and quality improvement and will not discuss the CDC reporting requirements, reporting timelines, or the CDC data systems that are available for data management and submission.

Organizational capacity to conduct M&E activities

As partner services programs face continuing challenges and threats to funding and staffing, M&E can help programs respond effectively to these concerns. Data will allow program managers to identify strengths to build upon and focus on other areas to improve. Program managers and staff should use M&E data to enhance and strengthen services for clients.

M&E may involve staff and stakeholders from a variety of departments and disciplines with varying experience and attitudes toward evaluation. Taking stock of your current ability to conduct M&E will help you determine a realistic plan, as well as develop strategies you may need to build buy-in and capacity among staff and stakeholders. It is essential to develop an M&E plan that is consistent with your program's capacity.

There are several types of evaluation that require different levels of resources and funding. An assessment of your program's capacity for evaluation will help you focus your evaluation efforts and identify capacity-building needs.

Time-saver

The checklist that follows can help you assess your program's capacity to conduct M&E and should be completed prior to planning and engaging in M&E activities. It will help you identify areas of strength and prioritize areas where your program or agency may need additional technical assistance before conducting M&E. Instructions and a copy of the checklist are included as Tool 1 in Section III of this guide. Section IV includes CDC resources to address the capacity building and training needs you identify.

Tool 1: Assess Organizational Capacity to Conduct M&E

Activity	Status				Comment
	In place/ Completed	In progress			
		Top priority	Medium priority	Low priority	
Resources					
An M&E coordinator has been identified.					
There are sufficient funds allocated to M&E activities.					
Staff who will conduct M&E activities have been identified.					
There is sufficient staff time allocated to M&E activities.					
Staff have the required technical skill sets to conduct M&E activities.					
Staff have received M&E training.					
Staff are trained on data collection tools.					
Staff are trained on data entry.					
There are adequate supplies and equipment to support M&E activities.					
Organizational Structure and Operations					
Staff have the authority to carry out the functions associated with each M&E objective.					
Stakeholders who will participate in M&E activities have been identified.					

Activity	Status				Comment
	In place/ Completed	In progress			
		Top priority	Medium priority	Low priority	
The intended users of evaluation findings have been identified.					
Data needs have been determined.					
Data collection tools have been identified.					
Reporting deadlines are established.					
A data system has been identified and is adequately supported to allow for data storage and security.					
There is a mechanism in place to communicate with internal and external stakeholders.					
Organizational Culture					
Leaders who are committed to M&E have been identified.					
There is buy-in among the staff for monitoring and evaluation.					
There is a desire to use the evaluation findings.					
There is a mechanism in place to incorporate data into the decision- making process.					
There is a mechanism in place to use evaluation findings to change program operations.					

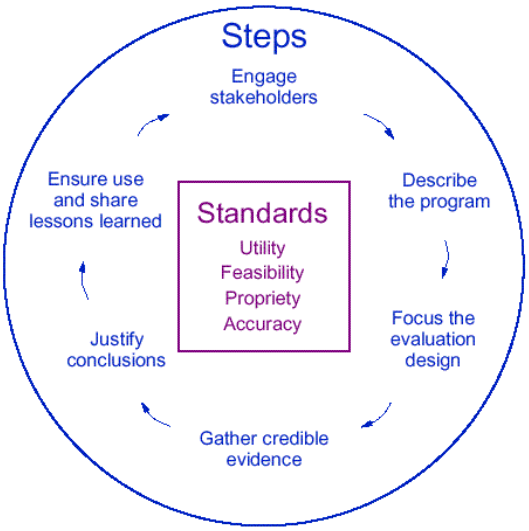
2 THE CDC FRAMEWORK FOR PROGRAM EVALUATION IN PUBLIC HEALTH

CDC published the Framework for Program Evaluation in Public Health in 1999. Through a year-long collaborative process, CDC and its stakeholders developed a generic approach to evaluation that can be utilized across public health programs and interventions.

The framework stresses a practical approach to evaluation and involves six basic steps:

Step 1: Engage Stakeholders
Step 2: Describe the Program
Step 3: Focus the Evaluation Design
Step 4: Gather Credible Evidence
Step 5: Justify Conclusions
Step 6: Ensure Use and Share Lessons Learned

In this section, each step is described as it relates to the development of a monitoring and evaluation plan for partner services programs.



STEP 1. ENGAGE STAKEHOLDERS

The first step in ensuring successful monitoring and evaluation efforts involves identifying and engaging stakeholders who should be involved in the M&E process.

Who is a stakeholder?

Stakeholders are individuals and organizations that have an interest in the partner services program and that may be affected by the results of the evaluation. Stakeholders may work inside or outside of the organization implementing partner services. Several individuals and groups may have an interest in the planning and findings of partner services program evaluation activities.

Why is it important to engage stakeholders?

Stakeholders are partners in the M&E process. By involving stakeholders, you can create buy-in, build credibility, and increase the likelihood that your evaluation and program advocacy efforts will be supported. Stakeholders can provide insight into the needs of the target population and help ensure that:

1. There is an ongoing, participatory process for providing and receiving feedback related to program implementation and evaluation activities.
2. The evaluation design is appropriate for the target population and is feasible.
3. Evaluation questions are appropriate and feasible.
4. Evaluation tools are culturally competent.
5. Multiple perspectives are involved in the interpretation of evaluation results and provision of program recommendations.
6. Evaluation findings are communicated and disseminated to the appropriate parties.

Stakeholders for partner services may include:

- **Staff involved in the partner services program at health department clinics, whether or not they are providing direct services to clients**
  - Disease intervention specialists (DIS)
  - Clinicians
  - Outreach workers
  - Data entry staff
  - Quality improvement staff
  - Health department clinic staff other than HIV/STD (e.g. reproductive health clinic staff or TB clinic staff)
- **Decision makers**
  - HIV and STD health department directors
  - Program managers (HIV and STD programs)
  - Supervisors
- **Participants**
  - Clients
- **Partners**
  - Diagnostic or treatment settings other than health department clinics (such as student health centers, substance abuse treatment centers, community health centers, and private hospitals)
  - Case managers
  - Physicians
  - HIV counselors
  - Diagnostic laboratories
  - Community-based organizations providing testing services
  - HIV/AIDS and STD surveillance programs
  - Community planning groups (CPG)
  - Social service organizations
  - Community advocates

Clients are important stakeholders and can also provide input into your M&E activities through a consumer advisory board or some other mechanism. They can offer valuable insight into aspects of the program that might not be captured otherwise, such as identifying barriers to participation, suggesting ways to make your program more culturally sensitive, and providing feedback about the intervention and providers.

How can programs engage stakeholders in the M&E process?

It is important to assess and determine which stakeholders to involve at particular points of the M&E process. Some stakeholders may only be interested in the results of the evaluation, or may have limited time and may only be engaged at particular points in the process; others may be more active throughout the implementation of the intervention and the entire M&E process. However, it is important to bring key stakeholders together at the beginning of the evaluation process to obtain buy-in, understand needs and concerns related to program implementation and evaluation, and establish the process to keep stakeholders involved and informed throughout the evaluation process. You may decide to engage your stakeholders through a workshop or series of meetings. You can also be strategic and bring stakeholders together for a meeting as needed.

By engaging stakeholders at the beginning of the M&E process, you can determine:

- Who is interested in the evaluation results
- What stakeholders want to know about the program
- What perceptions and concerns stakeholders have about the program and/or the evaluation
- Stakeholder understanding of M&E
- Stakeholder willingness to participate in M&E activities
- Stakeholder roles and responsibilities related to M&E
- Communication strategies to keep stakeholders informed and obtain feedback and input during the M&E process

Each agency will need to have some stakeholders who are part of a core evaluation team. Members of this team will be directly involved in all aspects of developing and implementing the M&E plan. It is important to remember that staff members are critical stakeholders and may come from a variety of backgrounds with different evaluation experience, including negative attitudes toward evaluation. To obtain their buy-in, you must address their concerns (e.g., added burden related to data collection or fear that the evaluation will be used to highlight weaknesses). Taking stock of your current ability to conduct M&E will help you to determine a realistic plan, develop strategies you may need to build buy-in and capacity among staff, and obtain support from other stakeholders.

Tip

There are practical and useful steps you can take to maintain stakeholder engagement throughout the M&E process:

- Communicate regularly about the reasons for and goals of your partner services M&E plan as well as M&E progress
- Provide M&E training as needed
- Address staff concerns and fears about evaluation from the outset
- Identify possible conflicts between stakeholders and address them
- Identify additional resources you may need to implement M&E activities

It is important to involve the *right* staff in M&E activities. Typically, staff who have the following roles and responsibilities contribute to M&E activities for partner services, although this will vary by organization, and in some instances one person may serve in multiple roles:

- **Disease intervention specialists (DIS)** or **counselors** conduct partner services sessions and record information about his/her sessions with index patients and partners, using tools to document implementation of partner services.
- **Data entry staff** collect data from session records and enter data in a database.
- **Supervisors** provide supervision to DIS and/or counselors; conduct observations and record information; ensure program fidelity; and participate in quality improvement and data analysis.
- **Program managers** oversee implementation of the evaluation plan and analysis of data; and make use of data for reporting, program improvement, program planning, and advocacy.

Additionally, some agencies retain a consultant to assist them with M&E activities. The consultant can serve as an evaluation leader and provide technical support on all aspects of the evaluation plan. If you choose to work with a consultant, make sure their roles and responsibilities are clearly defined and included in the contract. The consultant should be fully informed about the program's goals and objectives and any evaluation plans that may have already been developed.

STEP 2. DESCRIBE THE PROGRAM: USE AND ADAPT THE PARTNER SERVICES LOGIC MODEL AND DEVELOP SMART OBJECTIVES

The second step in CDC's Framework for Program Evaluation is to describe the partner services program at your agency. This description should include the expectations, scope, and activities of your program. It should also include a logic model and program objectives.

LOGIC MODEL

A framework that guides an organization's activities by visually depicting the main elements of an intervention and illustrating the linkages between components. Logic models often include a problem statement, inputs, activities, outputs, outcomes (short term, intermediate, and long term), and impacts.

Partner services logic model

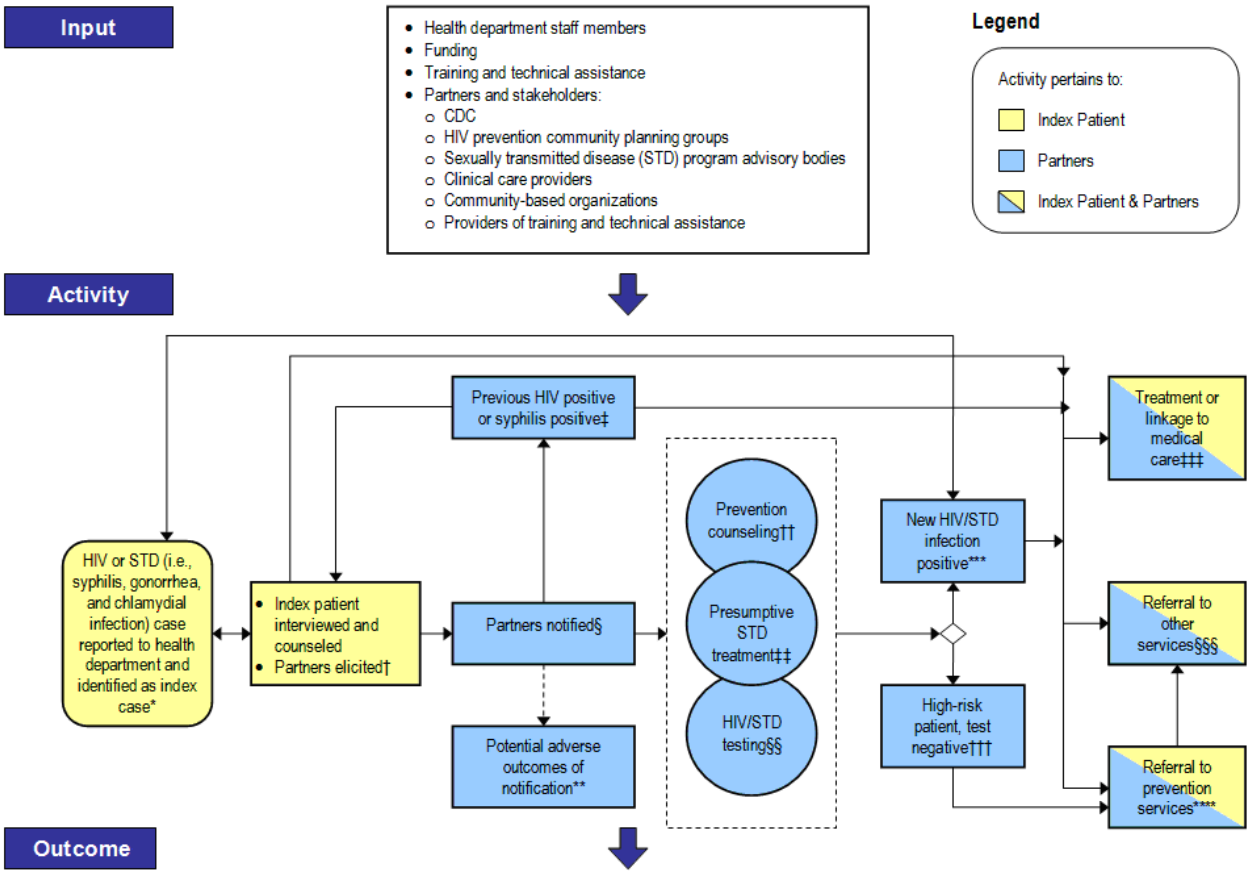
A partner services logic model will help to ensure that all stakeholders have a clear shared understanding of the partner services intervention. The partner services logic model provided in this field guide is from the CDC recommendations for partner services. You may choose to tailor it to your agency, community served, and partner services implementation model.

Adapting the Partner Services Logic Model

The partner services logic model reflects an integrated HIV/STD partner services program model. If your agency provides partner services solely by the STD program or HIV program, you can illustrate this distinction throughout the flow of activities in your logic model. If you partner with CBOs or private health care systems to provide select services for patients, this can be included where appropriate in the activities section of the logic model. If your agency employs expedited partner therapy, the activities in your logic model should reflect the particular process your agency uses (field-delivered therapy or patient-delivered partner therapy).

Tip

The partner services logic model can also be found as Tool 2 in Section III of this guide.



* Cases may be reported to the health department surveillance unit by clinical providers (including STD and other health department clinics), counseling and testing providers, or laboratories. Cases may be reported to the partner services program through the surveillance unit or directly by providers or laboratories.
† Demographic and risk information obtained from interviews can be provided back to the health department surveillance unit through the Health Department Partner Services Program.
‡ Cases of serofast syphilis (i.e., low and stable titers) are closed at this point.
§ Partners may be notified of exposure via provider referral, third-party referral, self-referral, contract referral, or dual referral.
** Adverse outcomes of partner notification include intimate partner violence or relationship dissolution.
†† Client-centered prevention counseling should be available for partners.
‡‡ Treatment for bacterial STDs (e.g., syphilis, gonorrhea, or chlamydial infection) administered presumptively should be available for partners.
§§ HIV/STD testing should be available for partners.
*** Laboratory results confirm new HIV case, STD case, or both.
††† Laboratory results are negative for HIV case, STD case, or both, but person is at high risk for HIV or STDs.
‡‡‡ Clients who test positive for bacterial STDs (e.g., syphilis, gonorrhea, or chlamydial infection) who were not treated presumptively are treated or referred for treatment. Clients who test positive for HIV are linked to medical care, which includes STD screening, hepatitis B vaccination, and other medical services.
§§§ Clients are referred or directly linked to other services, such as mental health treatment and social services such as housing, case management, and support groups.
**** Clients are referred or directly linked to prevention services, such as comprehensive risk counseling and services and group-level interventions.

You may choose to expand on the logic model presented above to include details specific to:

- Your agency
- The characteristics of the client population that will participate in your partner services program
- The partner services implementation model used at your agency
- How your agency identifies index cases and notifies partners
- The specific services (prevention and other) to which you link clients

Reviewing and/or adapting the logic model inputs, activities, and outcomes is the first M&E activity to describe your program. Stakeholders should be involved in the logic model review process for your partner services program.

Develop SMART objectives for partner services

The second activity to describe your partner services program is to develop program objectives. Program objectives help measure program progress during implementation. They will also provide a framework for the evaluation.

There are two types of objectives that link directly to the partner services logic model: **process objectives** and **outcome objectives**. Process objectives are linked to the inputs, activities, and outputs in the logic model. Short term, intermediate, and long term outcomes in the logic model facilitate the development of outcome objectives.

Both types of objectives should be **SMART**: specific, measurable, appropriate, realistic, and time-phased.

Objectives that do not have all of these characteristics can be difficult to monitor. SMART objectives help identify data that need to be collected and reported and will help measure service delivery.

Time-Saver

Tool 3 in Section III of this guide provides a template to help you develop SMART objectives.

Specific

- The objective is concrete, detailed, and focused.
- Objective includes words like: develop, obtain, provide, follow up, hire, recruit, train, deliver, report, increase, improve, or refer.

Ask yourself the following question:

- What are we doing and to whom?

Measurable

- The objective determines how much of the action or behavior can be accomplished.
- The objective includes a number, percent, average, or change over time.

Ask yourself the following question:

- Is it quantifiable and can we measure it?

Appropriate

- The objective is derived from the program logic model.

Ask yourself the following questions:

- Will this objective have an effect on the outcomes and overall goals of the program?
- Does this objective fit within the overall program outcomes and goals?

Realistic

- The objective is practical and reasonable.

Ask yourself the following questions:

- Does your staff have the skill set to carry out the objective?
- Do you have the resources/money/support to reach the objective?
- Have you set achievable goals that are reasonably high but not impossible?

Time-phased

- The objective has a set time frame for achievement: by (date), annually, semi-annually, quarterly, at each session.

Ask yourself the following question:

- When will this objective be accomplished?

PROCESS MONITORING

The routine documentation and review of program activities, populations served, and resources used in order to improve the program.

PROCESS EVALUATION

Assesses planned versus actual program performance over a period of time for the purpose of program improvement and future planning.

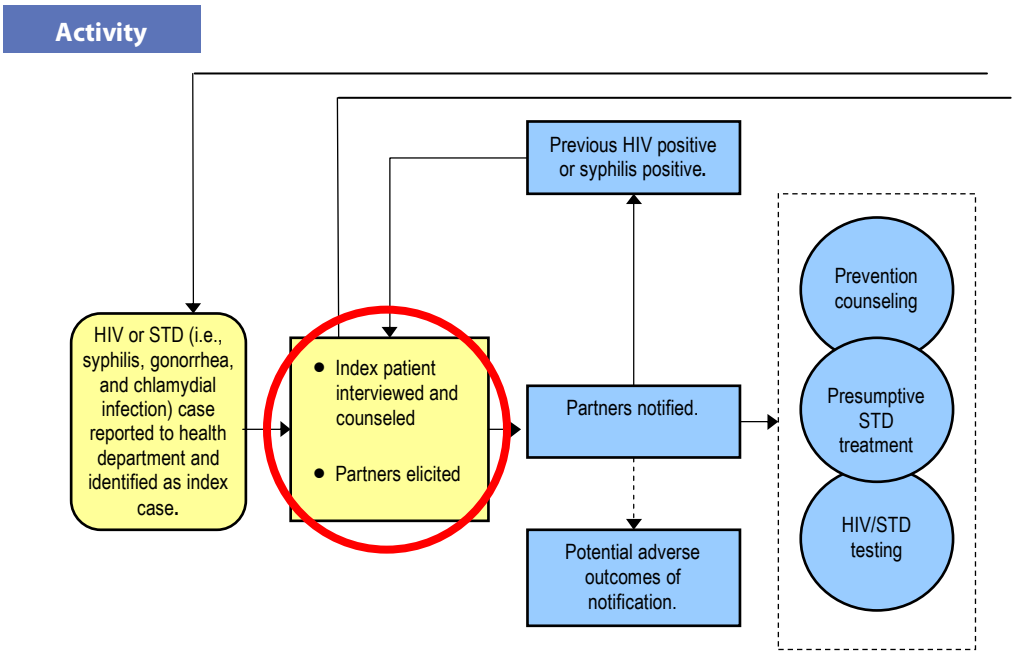
SMART objectives for process monitoring and evaluation

Process objectives are developed around the key activities or tasks required to achieve an expected outcome. Process monitoring and evaluation help to ensure that you are delivering the intervention as intended.

SMART objectives addressing process monitoring and evaluation are derived from the input and activity components of the partner services logic model. Following is the activity component of the logic model and corresponding sample SMART objectives.

Tip

All objectives included in this chapter and in **Tool 4** in Section III of this guide are examples and should be adapted as necessary to your partner services program.



The logic model activities "*index patient interviewed and counseled*" and "*partners elicited*" generate several process SMART objectives. Here are a few examples:

- By [timeframe], X% of eligible patients will be interviewed to elicit partner information.
- By [timeframe], index patients will name a minimum of two partners for cases of syphilis.
- By [timeframe], index patients will name a minimum of two partners for cases of gonorrhea.
- By [timeframe], index patients will name a minimum of two partners for cases of chlamydial infection.
- By [timeframe], index patients will name a minimum of two partners for cases of HIV infection.

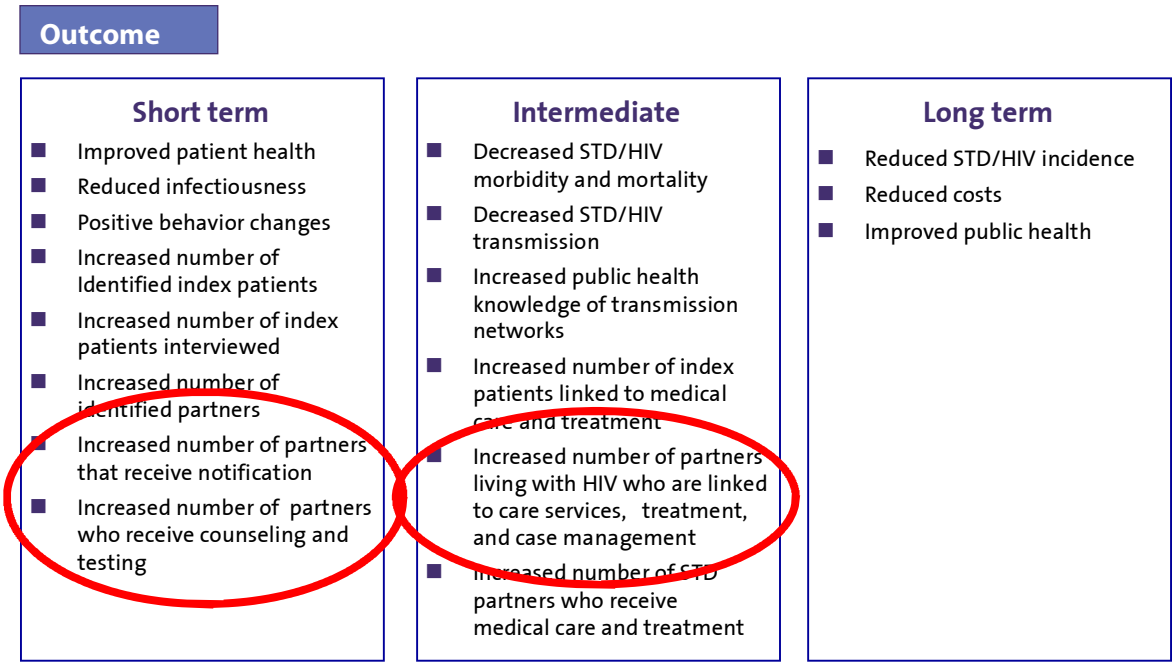
Outcome monitoring SMART objectives

Outcome objectives describe the measurable change expected to be achieved as a result of the intervention. Through outcome monitoring, you will assess whether partner services is having its intended effect.

OUTCOME MONITORING

Involves the routine documentation and review of program-associated outcomes (e.g., individual-level knowledge, attitudes, and behaviors or access to services; service delivery; community or structural factors) in order to determine the extent to which program goals and objectives are being met..

The SMART objectives related to outcomes come from the outcome columns of the logic model. More specifically, outcome monitoring objectives are derived from short term and intermediate outcomes.



Based on short term and intermediate outcomes, below are some examples of outcome monitoring objectives:

- By [timeframe], X% of named partners for cases of gonorrhea will be notified.
- By [timeframe], X% of named partners for cases of HIV infection will be notified of exposure.
- By [timeframe], X% of named partners initiated, for cases of chlamydial infection, will be examined and tested.
- By [timeframe], X% of named partners will be treated preventively for syphilis.
- By [timeframe], X% of new HIV-positive partners will be referred to medical care services and attend their first appointment.

Adapt SMART objectives to your needs

The purpose of this guide is to provide an overview of M&E activities that provide the minimum information you will need for program management purposes.

Recommended Activity

For every step in the development of the SMART objectives, you should ask yourself whether there are other issues that are important to your partner services program or agency that you would like to monitor and evaluate. These issues should then be translated into additional SMART objectives that meet your agency's needs, goals, culture, time frames, and capacity. Review the sample partner services SMART objectives in Tool 4 and tailor them to your program needs and/or add other SMART objectives that are required by or are of interest to your funders and stakeholders.

M&E activities in this field guide focus on collecting data related to process, short term, and intermediate outcomes. Tracking long term outcomes requires a considerable amount of additional resources and are not discussed in this document.

STEP 3. FOCUS THE EVALUATION DESIGN: SELECT EVALUATION QUESTIONS

An evaluation could be designed to measure any aspect of the program presented in the logic model. However, due to limited resources, staff, and time, it is important to create an M&E plan to address those elements that will be most meaningful for your agency, program, and stakeholders. One way to narrow the scope of the evaluation is by selecting and/or developing specific monitoring and evaluation questions.

Evaluation questions should be selected in collaboration with stakeholders to ensure that the appropriate questions are being asked. If you do not articulate the questions you want answered, you will not know which data you need to collect. You will use your logic model and SMART objectives to help you ask your evaluation questions. Similar to the SMART objectives, evaluation questions are categorized as process and outcome questions.

Process evaluation questions

The process evaluation questions focus on implementation of partner services, the populations served, services provided, and resources used. The following process evaluation questions are taken from the CDC recommendations for partner services. The terms "completely" and "effectively" should be defined according to local standards and guidelines.

- How completely is the program identifying newly reported cases and interviewing patients for partner services?
- How effectively is the program identifying partners, notifying them of their risk, and examining or testing them for infection?
- How effectively is the program identifying new cases of syphilis, gonorrhea, and chlamydial infection through partner services?
- How effectively is the program treating patients through partner services?
- How effectively is the program identifying new cases of HIV infection and linking the patients to care services through partner services?
- Do any of the preceding measures indicate variations by index patient age, race/ethnicity, sex, or risk behavior?

Below are examples of process evaluation questions specific to index patients:

- Among persons with newly reported infection who are not deceased or out of the jurisdiction, what proportion is reported to the partner services program?
- Among persons reported to the partner services program, what proportion is successfully contacted?
- Among index patients who are contacted, what proportion is interviewed?
- For index patients who are contacted but decline to be interviewed, what reasons do they give for declining?
- Among index patients who are interviewed, what proportion claims no partners?
- Among index patients who are interviewed, what proportion identifies locatable partners?
- Among index patients who are interviewed, what proportion does not identify locatable partners?
- For interviewed index patients, how many total partners are claimed and how many locatable partners are identified?

Outcome monitoring questions

Outcome evaluation questions ask about changes that occur as a result of the program and are linked to the outcomes of the logic model.

- What proportion of index patients is linked to medical care and treatment?
- What proportion of partners living with HIV is linked to care services, treatment, and case management?
- What proportion of STD partners receive medical care and treatment?

Your agency may have additional partner services evaluation questions, including questions related to your agency's internal objectives, stakeholder needs, and quality improvement. Quality improvement questions will allow program managers to collect data that will assess the quality of care provided and if services are delivered as intended. Following are examples of quality improvement questions:

Quality improvement questions

- Does your agency have written program operating procedures and standards?
- Are staff trained on procedures, protocols, and performance standards?
- Are staff adhering to program guidelines, protocols, and performance standards?
- Do staff receive routine and timely feedback on record keeping, client confidentiality, and data security?
- Are services and materials regularly reviewed to assess their appropriateness to cultures, languages, sex, sexual orientation, ages, and developmental levels of clients?

Tip

Tool 5 in Section III of this guide includes sample evaluation questions taken from the CDC recommendations for partner services. All questions should be modified as necessary to meet your program and stakeholder needs.

Data planning matrix

Thus far, this guide has included several components to help monitor and evaluate your partner services program: logic model, SMART objectives, and evaluation questions. The M&E data planning matrix is a tool that can help you organize your SMART objectives, evaluation questions, and additional evaluation information. Below is the matrix template:

DATA PLANNING MATRIX

A table that captures your evaluation questions, the associated objectives, and how, by whom, and when they will be measured.

Objective	Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection

At this point, you are able to begin completing the data planning matrix by entering your SMART objectives and their related evaluation questions in the corresponding columns.

Objective	Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
By [timeframe], X% of eligible patients will be interviewed to elicit partner information	How completely is the program interviewing patients for partner services?				

Tip

A sample partner services data planning matrix can be found as **Tool 6** in Section III of this guide.

As you develop your M&E plan, you will complete the remaining information in the matrix to identify how you will measure progress toward meeting your objectives. The remaining matrix columns will be reviewed in Step 4 of the CDC evaluation framework.

STEP 4. GATHER CREDIBLE EVIDENCE: COLLECT DATA

This step of monitoring and evaluation focuses on the data collection process and includes the following activities:

- Review the data your agency has decided to collect.
  - Complete the "Measures" column in the data planning matrix.
  - Identify the tools that will be used to collect the data.
  - Complete the "Data source" column in the data planning matrix.
- Develop a data collection protocol.
  - Complete the "Who will collect the data" and "Time frame for data collection" columns in the data planning matrix.
- Develop or revise data collection tools as needed.
- Pilot-test data collection tools if tools have been adapted or revised.
- Train staff on how to use data collection tools.

Measures of success

After developing your SMART objectives and selecting your evaluation questions, you need to determine which data will be necessary to answer your questions and help you assess whether you have met your objectives. Measures will provide this necessary information about your program. Each SMART objective for your partner services program should have a corresponding "measure of success."

MEASURE

The magnitude, extent, dimension, or quantity of something relative to some unit of measurement. A measure provides a reasonably simple and reliable basis for assessing achievement, change, or performance. Examples include an indicator or performance target.

Objective	Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection

Measures can be quantitative or qualitative. **Quantitative measures** generally describe *how often* something is happening. They are numeric and can be calculated. Quantitative data include counts, proportions, averages, percentages, and Likert scale scores, among others. When expressed as a proportion, measures include two data elements: a numerator (the top portion) and a denominator (the bottom portion).

Qualitative measures describe *what is happening* or *why something is happening* and are usually descriptive data that document observations, perceptions, and opinions. Examples of qualitative data are notes taken during counseling sessions or answers to open-ended questions.

Tip

Here, "measure" is used as a general monitoring and evaluation term and does not specifically refer to the CDC STD performance measures or CDC HIV performance indicators. For information about CDC HIV partner services performance indicators, consult your CDC Project Officer or the *Guidance for Use of HIV Prevention Program Performance Indicators (forthcoming in 2010)*. For further information about CDC STD partner services performance measures, consult your CDC Program Consultant or **http://www.cdc.gov/std/**

Determining measures

Each SMART objective should have a corresponding measure that will help determine whether the program has met the specified program objective and will help answer the evaluation question. In the example, *"By [timeframe], X% of eligible patients will be interviewed to elicit partner information,"* a quantitative measure is required because the SMART objective is expressed as a percentage. The measure in this example is the ***proportion*** of eligible patients who are interviewed to elicit partner information. The measure column of the data planning matrix should specify both the numerator and denominator for this proportion.

In this example, the numerator is the *total number of patients who were interviewed to elicit partner information (for a defined time period)*. This figure will be divided by the *total number of patients who were eligible for partner services, for a defined time period* and multiplied by 100 to express the proportion as a percentage.

When establishing measures, you must determine which data will be necessary to draw conclusions (whether through a calculation or some other means) that allow you to compare actual results of service delivery with the stated program objectives.

Objective	Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
By [timeframe], X% of eligible patients will be interviewed to elicit partner information	How completely is the program interviewing patients for partner services?	# of patients interviewed to elicit partner information / # of patients eligible for partner services for a defined period			

Additionally, you will need to ensure that you are collecting the necessary data to answer your evaluation questions. You may find that an evaluation question cannot be fully answered with one objective and its corresponding measure.

In the example above, the objective could state that *X% of eligible patients will be interviewed to elicit partner information* ***within three days of the case report***. Looking at this measure alone, you can not determine ***how completely*** *the program is interviewing patients for partner services* because you have to account for all time periods and all interviews that are conducted, including those outside of the three-day window. To adequately answer the evaluation question in this example, additional objectives and measures would be needed to account for any other time frames and all interviews conducted.

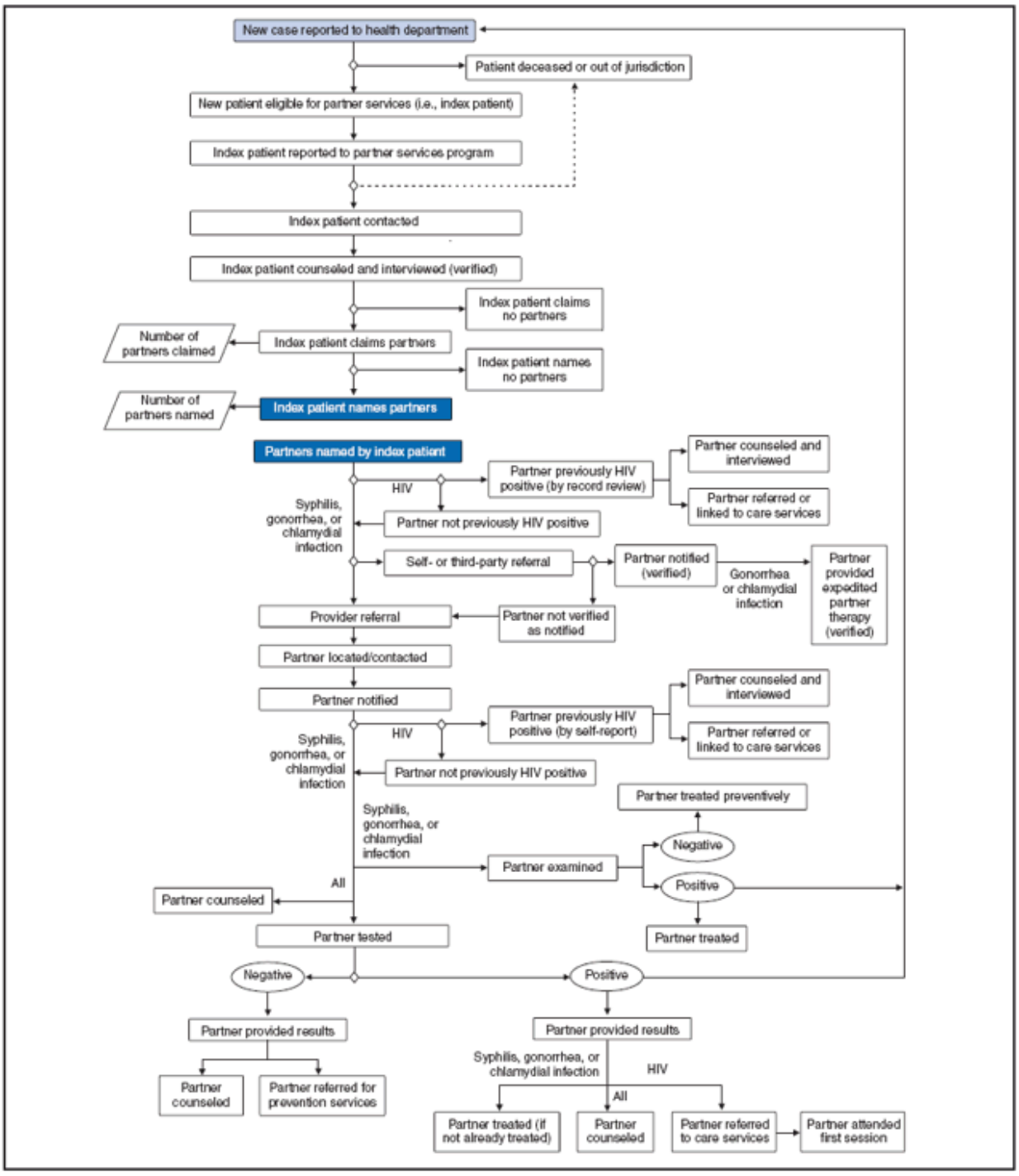
Tip

After establishing your measures, review the data planning matrix to ensure that the data provided will enable you to: 1) determine whether the objectives have been met, and 2) fully answer the evaluation questions.

Review the data your agency has decided to collect

The following diagram illustrates the detailed steps in the partner services process. This Figure 2, taken from the CDC recommendations for partner services, will be incorporated throughout this section to describe data collection at different points in service delivery. If you use this diagram to illustrate your data collection procedures, you may need to adapt it to reflect your program implementation.

FIGURE 2. Steps in the process for partner services programs for human immunodeficiency virus (HIV) infection, syphilis, gonorrhea, and chlamydial infection



The following section is based on the essential evaluation questions outlined in the "Program Monitoring, Evaluation, and Quality Improvement" section of the CDC recommendations for partner services. Each question is linked to at least one corresponding SMART objective and measure, which have been entered into the data planning matrix.

The diagram that follows each section of the data planning matrix is taken from "Figure 2. Steps in the process for partner services programs for HIV infection, syphilis, gonorrhea, and chlamydial infection" to illustrate data collection at different points during partner services delivery.

Tip

The objectives, questions, and measures included in this section are examples, are not intended to be exhaustive, and should be tailored to the specific needs of your partner services program.

The essential questions and measures outlined in the guidance are designed to assess partner services program performance. By considering how successfully the program is performing each step in the partner services process, program managers can identify specific areas that need improvement to enhance overall program performance. This section includes sample SMART objectives for each essential evaluation question and the corresponding component of the diagram to illustrate the specific steps involved, as well as the points at which data collection takes place. The sample measures identify the data elements that should be collected to help answer the evaluation questions and determine whether the SMART objectives have been met.

Data collection for partner services

Sample objective 1

To reach newly infected persons and identify candidates for partner services, programs must first identify new cases of HIV, syphilis, gonorrhea, and/or chlamydial infection. In an effort to determine ***how completely the program is identifying newly reported cases***, you may want to consider:

- eligibility (i.e., index patients who are not deceased or out of the jurisdiction at the time of report)
- the proportion of eligible cases reported to the partner services program of all new cases

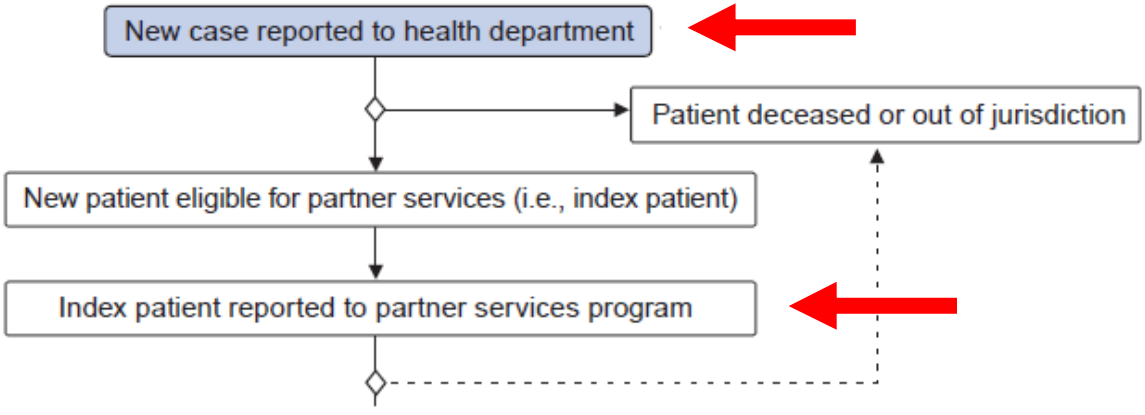
If large numbers of your reported cases are outside the jurisdiction, eligibility may be an important process monitoring objective to consider. You will want to understand and account

for the high number of ineligible cases and ensure that proper follow-up is occurring for those cases outside the jurisdiction.

The following sample objective looks at the percentage of eligible cases that are reported to the partner services program. If you find that cases are reported to the health department, but not to the partner services program, it is important to determine why they are not being reported and make the appropriate system changes to ensure that they are reported to the program and that appropriate services are offered to patients and partners.

The red arrows in the figure below indicate the steps when data needed to calculate the sample measure are collected.

Objective		Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
1.	X% of eligible cases will be reported to the partner services program within [time frame] of confirmation of case report.	How completely is the program identifying newly reported cases?	# of eligible cases reported to partner services program within [time frame] of confirmation of case report / # of eligible cases within a defined period			



Sample objective 2

To assess ***how completely the program is interviewing index patients***, you may want to look at:

- the total proportion of index patients who are interviewed
- timeliness of interviews

For example, the program may set a standard that 90% of all eligible patients are interviewed, but that 85% of eligible patients will be interviewed within three days of confirmation of the case report. These process objectives may help program managers determine how well staff are meeting program expectations.

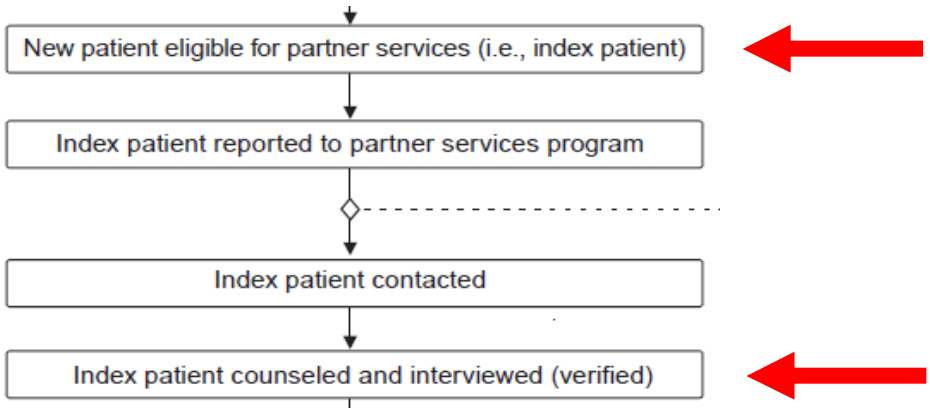
For those patients who are contacted, but decline to be interviewed, you may also want to examine the reasons they provide for declining. This will help you determine if staff training or other program activities address the reasons for refusal.

Additionally, your program may elicit social contact information (called "suspects" in the previous CDC guidance - defined in the glossary page 100) from the index patient. If every client interviewed is asked about both partners and social contacts, you should create an additional objective: "By [time frame], X% of eligible patients will be interviewed to elicit social contact information" and specify the appropriate measure in your data planning matrix.

Tip

Remember, it is always easier to aggregate data to summarize findings and present information than it is to disaggregate data after collection. If you do not take the time to determine exactly what you want to know before you begin data collection, you may find that you have not captured the appropriate data elements and measures to fully answer your evaluation questions.

	Objective	Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
2.	By [time frame], X% of eligible patients will be interviewed to elicit partner information.	How completely is the program interviewing patients for partner services?	# of patients interviewed to elicit partner information / # of patients eligible for partner services, for a defined period			



Tip

Beginning with the following set of questions, the sample objectives have been divided by STD infections and HIV infection. Syphilis will be used to illustrate the STD examples. According to local policies and procedures, you can substitute gonorrhea or chlamydial infection as applicable. The light blue shading in the table and figure refers to activities and objectives related to STDs. The light yellow shading corresponds to HIV. When a portion of the figure is shaded both light blue and yellow, the step pertains to both STD and HIV infections.

Sample objectives 3-4

In looking at ***how effectively the program is identifying partners of index patients,*** you may want to consider:

- the proportion of all claimed partners who are named (i.e., sufficient contact information is provided)
- the partner index (i.e., number of named partners divided by the number of index clients interviewed)

NAMED PARTNERS

Sexual and injection drug using partners that the index patient (IP) has had during the interview period for whom the IP can provide identifying information (e.g., an actual name, an alias, or enough descriptive information that he/she can reasonably be considered identifiable) and sufficient information that he/she can reasonably be considered locatable.

The amount of information that deems a partner locatable is defined by the jurisdiction (this may include a specific e-mail address or chat room handle).

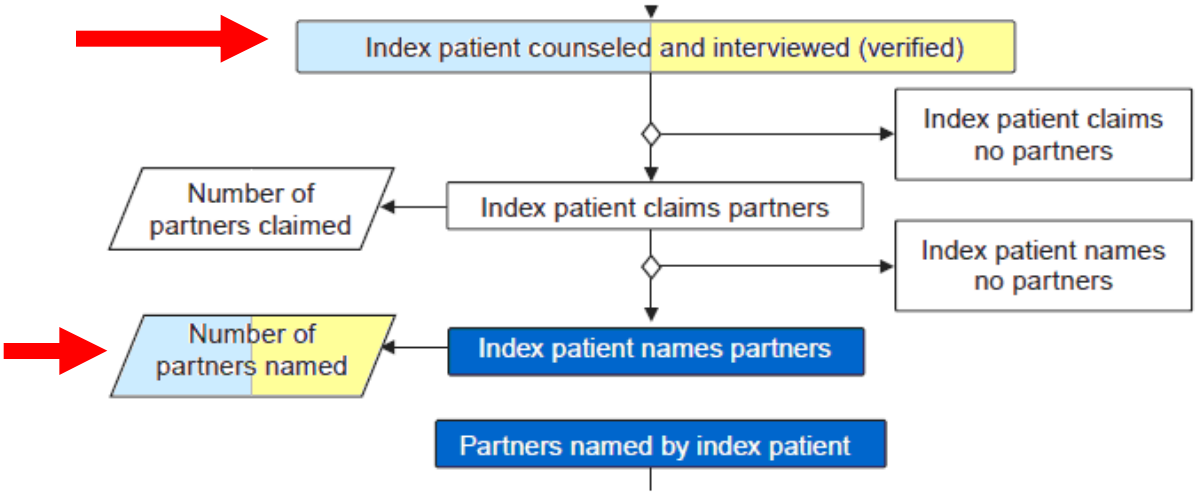
In assessing the effectiveness of the interview process, use of the partner index (number of named partners divided by the number of index clients interviewed) may be more meaningful than the proportion of claimed partners who are named. The partner index may help program managers look at how well individual staff members are performing by how well they are eliciting partner information from index patients. If some staff members are not meeting program standards and others are successfully reaching those same standards, strategies to help improve performance should be explored.

However, if you stratify the data by demographics and determine that across all staff some target populations are consistently naming more partners than others, you should explore whether this reflects acceptance of services, whether additional staff training may be required to work with the population(s), and/or whether the population(s) may benefit from additional outreach efforts to increase program awareness. This objective could also be used to help answer the additional evaluation question: ***Are partner services more effective with certain subpopulations (e.g., men, women, youth, or racial/ethnic minority groups) or behavioral risk groups (e.g., MSM, injection drug users, or high risk heterosexuals) than others?***

STRATIFY

Arrange data into subsets based on certain characteristics that are common to the members of the subset.

	Objective	Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
3.	By [time frame], index patients will name a minimum of two partners for cases of syphilis.	How effectively is the program identifying partners of index patients in cases of syphilis?	# of named partners / # of index patients interviewed for cases of syphilis, for a defined period			
4.	By [time frame], index patients will name a minimum of two partners for cases of HIV infection.	How effectively is the program identifying partners of index patients in cases of HIV infection?	# of named partners / # of index patients interviewed for cases of HIV infection, for a defined period			



If your program is also eliciting social contacts and associates, you may set additional objectives for the cluster index (number of named social contacts divided by the number of index clients interviewed) and associate index (number of named associates divided by the number of uninfected partners interviewed).

As part of process monitoring, it will be valuable to assess the proportion and number of index patients who claim no partners. You will also want to know of those index patients who are interviewed, what proportion claims partners but is unable to provide locating information. Some index patients, such as sex workers, who claim large numbers of partners but have no identifying information or locating information for those partners, may skew the data. In the analysis phase, it will be helpful to stratify the proportion of claimed partners who are named by the demographic and behavioral risk characteristics of the index patient. In this way, you can look at interview data in context and better determine how well the program is eliciting partner contact information from different types of index patients.

Sample objectives 5-6

To determine ***how effectively the program is notifying partners of index patients***, you may choose to look at two different elements:

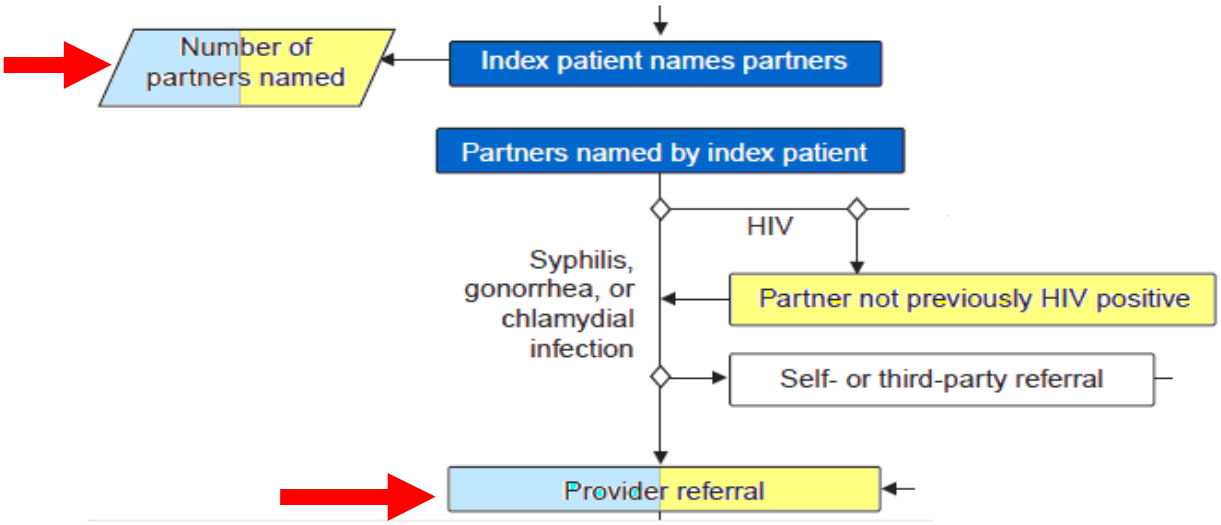
- initiation of notification
- verification of notification

Objectives 5-8 illustrate how multiple objectives and measures may be needed to answer one evaluation question. A single objective and measure do not provide a complete picture of how well the program is notifying partners of index patients of their risk for syphilis or HIV. Sample objectives 5-6 look at initiation of notification and sample objectives 7-8 assess verification of notification. "Initiation" is the term commonly used to indicate the date on which the partner is assigned to a worker for field investigation/follow-up.

All named partners should be notified of their exposure as soon as possible after identification unless there is a threat of violence. Notification objectives should be written to look at timeliness of initiation and verification of notification. For example, if your program aims to notify all partners within seven days, you may determine that notification will be initiated for 85% of all partners within 48 hours of identification.

Timeliness of initiation can help program managers assess staff performance. Additionally, program managers may establish an objective for the contact index (number of partners initiated divided by the number of cases interviewed) to look at performance.

Objective		Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
5.	By [time frame], notification will be initiated for X% of named partners for cases of syphilis.	How effectively is the program notifying partners of index patients of their risk for syphilis?	# of named partners initiated / # of named partners elicited for cases of syphilis, for a defined period			
6.	By [time frame], notification will be initiated for X% of named partners, for cases of HIV infection.	How effectively is the program notifying partners of index patients of their risk for HIV infection?	# of named partners initiated for cases of HIV infection / # of named partners elicited for cases of HIV infection, for a defined period			

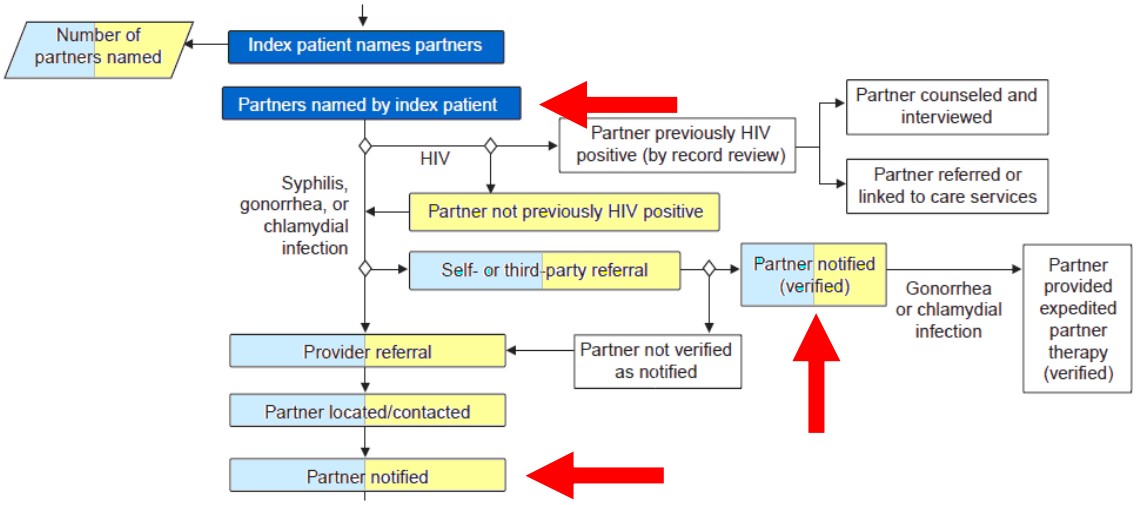


Sample objectives 7-8

The second factor to determine how well the program is ***notifying partners of their exposure*** is to verify that notification took place. If large numbers of partners are elicited, but they are lost to follow-up or notification is never confirmed, then you will not be effective in finding new cases and the program will not be meeting one of the basic goals of partner services. The protocol to confirm notification may vary locally depending on the notification strategy.

The following figure illustrates both provider referral and self- or third-party referral. The objectives include the total number of partners successfully notified. However, if you are interested in looking at the most effective strategy to notify partners of their exposure, you should establish additional evaluation questions and objectives to look at the rate of provider referral separately from the rates of self- and third-party referral.

	Objective	Evaluation question	Measure	Data source	Who will collect	Time frame for data
7.	By [time frame], X% of named partners for cases of syphilis will be notified.	How effectively is the program notifying partners of index patients of their risk for syphilis?	# of named partners notified / # of named partners initiated for cases of syphilis, for a defined period			
8.	By [time frame], X% of named partners for cases of HIV infection will be notified.	How effectively is the program notifying partners of index patients of their risk for HIV infection?	# of named partners notified / # of named partners initiated for cases of HIV infection, for a defined period			



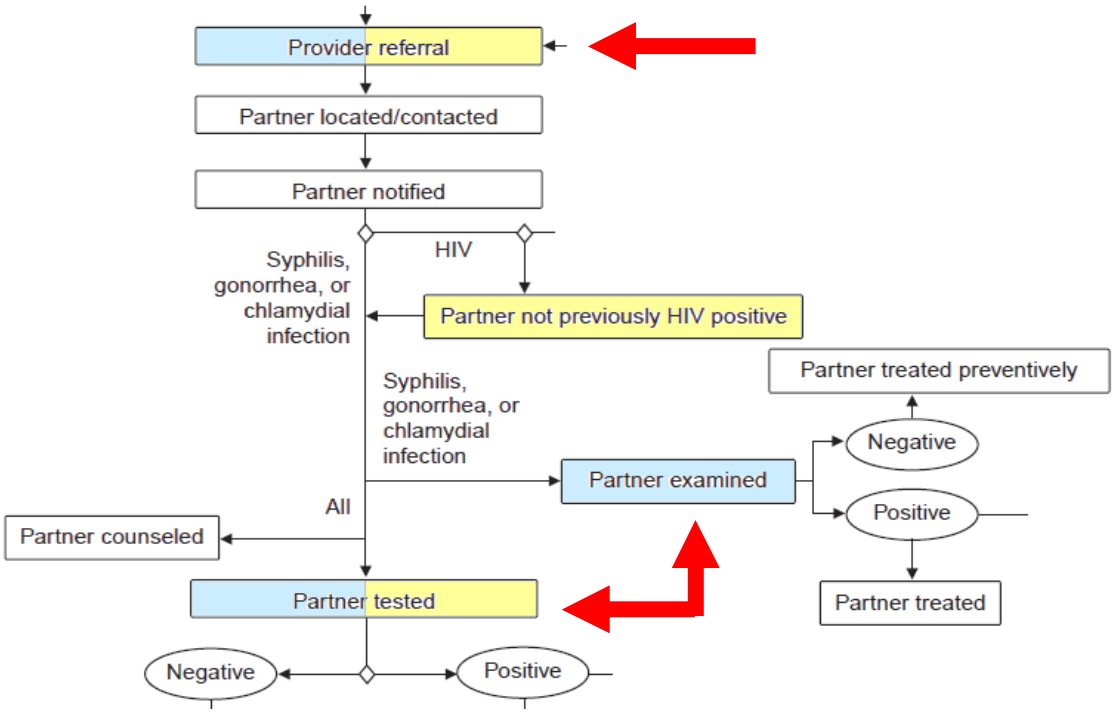
Sample objectives 9-10

To help determine ***how effectively the program is identifying new cases of syphilis, gonorrhea, chlamydial infection and HIV***, you may consider:

- timeliness of examination
- timeliness of testing

In addition to the sample objectives below, you may also create multiple objectives to look at exams and testing separately based on infection and local program priorities. For example, 75% of syphilis partners are examined within seven days of initiation.

	Objective	Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
9.	By [time frame], X% of named partners initiated for cases of syphilis will be examined or tested.	How effectively is the program identifying new cases of syphilis?	# of partners examined or tested / # of named partners initiated for cases of syphilis, for a defined period			
10.	By [time frame], X% of named partners initiated for cases of HIV infection will be tested.	How effectively is the program identifying new cases of HIV infection?	# of partners tested for HIV / # of named partners initiated for cases of HIV infection, for a defined period			



Sample objectives 11-12

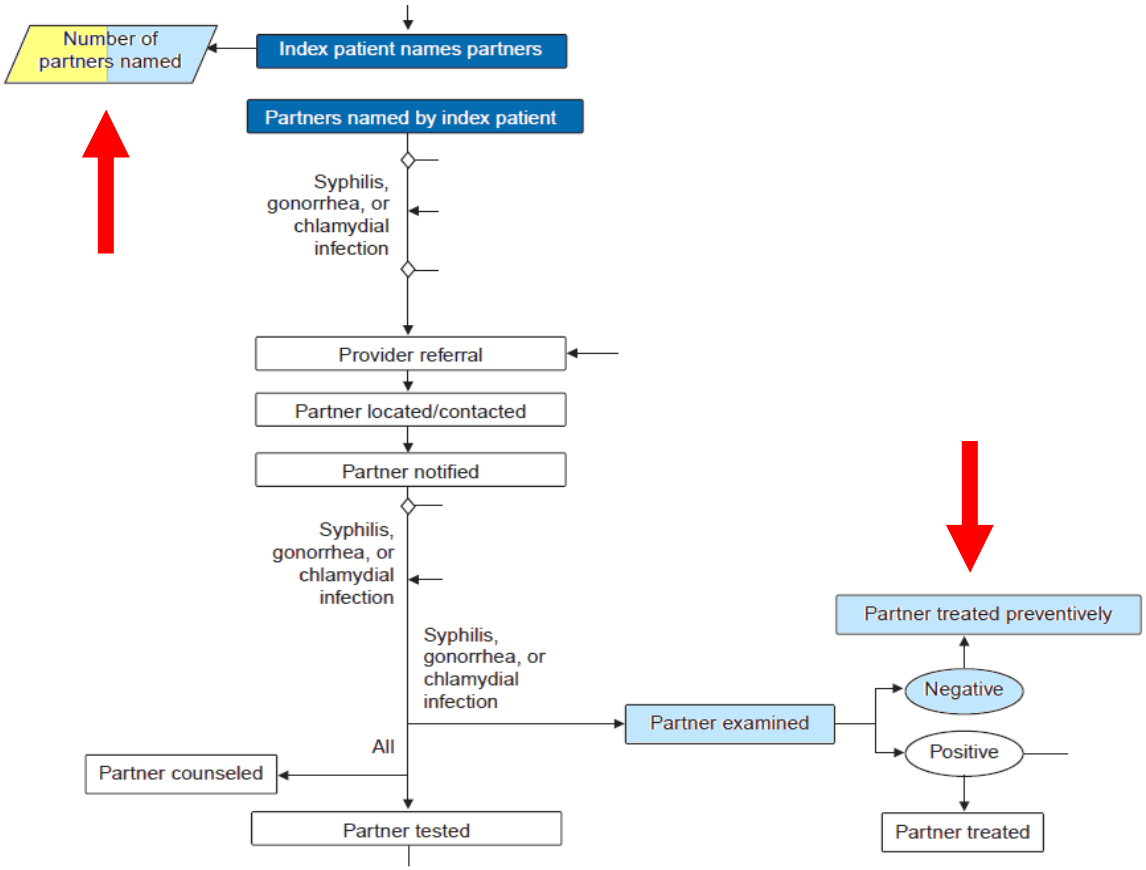
In examining how ***effectively the program is treating patients for syphilis, gonorrhea, and chlamydial infection,*** you may consider:

- timeliness of preventive treatment
- timeliness of treatment for infected partners

The following sample objectives may need to be modified to reflect local protocol regarding the use of field-delivered therapy and expedited partner therapy (EPT). If both are practiced in your jurisdiction, you may find it useful to look at field-delivered therapy separately from EPT. Additionally, when developing objectives for gonorrhea and chlamydial infection, there may be additional factors to consider. If partners of index patients with gonorrhea are treated preventively for both gonorrhea and chlamydial infection via EPT, you may want to simultaneously assess the proportion of partners treated for both infections (i.e., # of named partners with gonorrhea treated preventively via EPT for gonorrhea and chlamydial infection divided by the total # of named partners for cases of gonorrhea).

The objectives can be further divided to look at the provision of preventive therapy by infection for a defined time period, for example 7, 14, and 30 calendar days from the day of interview of the index patient. These may serve as important quality assurance objectives to help assess the quality of services provided to partners.

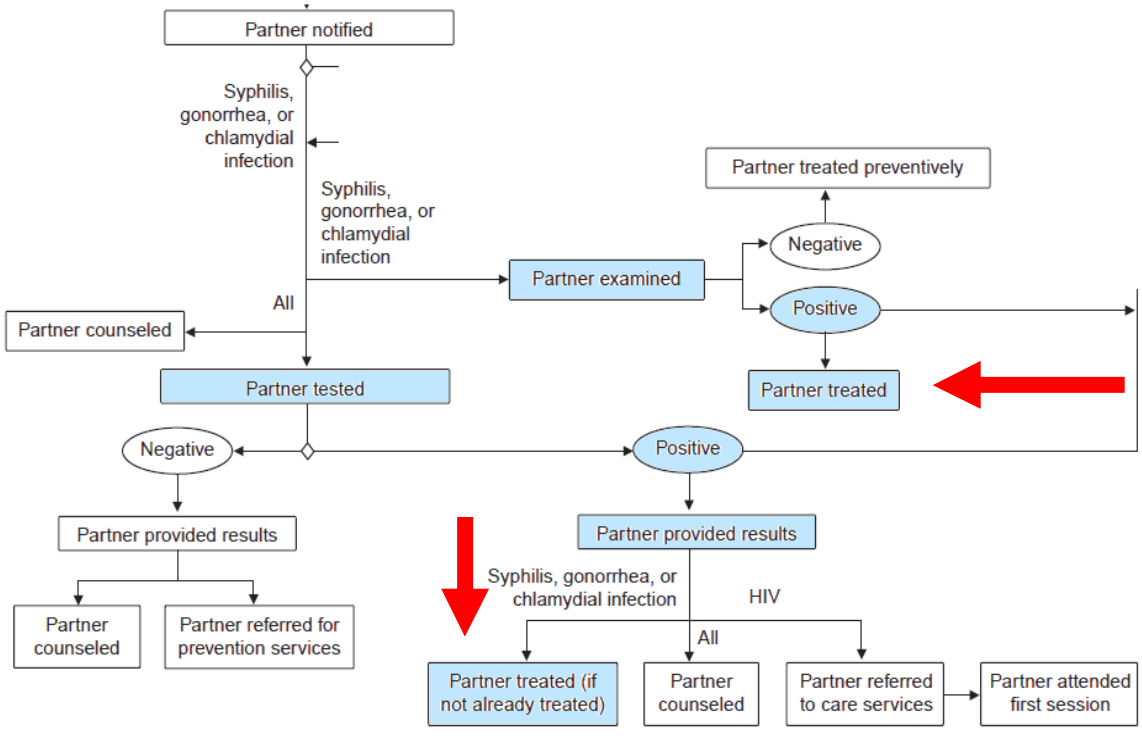
	Objective	Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
11.	By [time frame], X% of named partners will be treated preventively for syphilis.	How effectively is the program treating patients in cases of syphilis?	# of named partners treated preventively for cases of syphilis / # of named partners of primary, secondary, and early latent syphilis index cases exposed within the previous 90 days			



Depending on program priorities and standards, you may want to look at treatment for infections for a defined time period, for example within 7, 14, or 30 calendar days from day of interview of index patient.

To review staff performance concerning treatment of partners, program managers may establish objectives to look at the total number of STD partners treated by infection (those treated preventively and those who were found to be infected and treated for cure) divided by the total number of partners initiated, by infection for a defined period.

Objective		Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
12.	By [time frame], X% of named partners found to be infected will be treated for cure in cases of syphilis.	How effectively is the program treating patients in cases of syphilis?	# of named partners treated for cure for cases of syphilis / # of named partners found to be infected with syphilis, for a defined period			



Sample objectives 13-15

To examine ***how effectively the program is identifying new cases of HIV infection***, you may consider:

- the proportion of partners newly testing HIV positive
- the proportion of those newly testing HIV positive who receive their results

In addition to the objectives that follow, additional process monitoring measures may include:

- the total number and proportion of partners of HIV index patients who are tested for HIV and STDs
- the total number and proportion of partners of STD index patients who are tested for HIV

As a program manager, it will be important to understand what proportion of partners is infected with HIV. There are related sample measures below that look at the proportion of partners newly testing HIV positive. The first divides the number of new HIV positives by the total number of partners tested. The second proportion looks at the number of positives per index patient interviewed. You may also decide to calculate a third measure and divide the number of partners newly testing HIV positive by the total number of named partners to have a clearer picture of infection in the population.

Depending on your partner services program structure, you may decide to calculate multiple measures to examine program integration including: the number of positives per HIV index partner, the number of positives per STD index partner, and the overall proportion of HIV positives per index patient interviewed. These measures may help you identify trends among the populations and determine whether additional prevention strategies are needed.

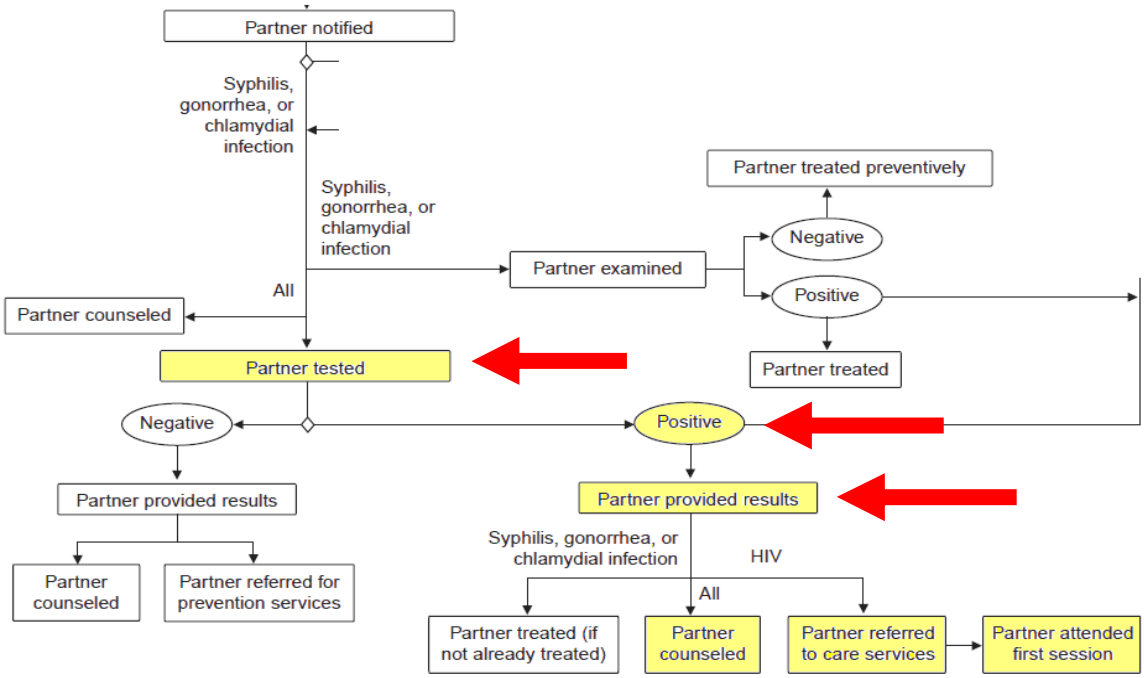
Tip

If your program has established a seroprevalence benchmark or other target, you should modify the objectives below to make them more specific. If targets or benchmarks do not exist, then the objective will not be a goal that you are attempting to reach, but an activity that you will complete in a given time frame.

Objective		Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
13.	By [time frame], determine the number and proportion of partners who are newly testing HIV positive.	How effectively is the program identifying new cases of HIV infection?	# of partners newly testing HIV positive / # of partners tested for HIV infection, for a defined period			
14.	By [time frame], determine the proportion of new HIV-positive partners identified per index patient interviewed.	How effectively is the program identifying new cases of HIV infection?	# of partners newly testing HIV positive / # of index patients interviewed, for a defined period			

In addition to testing the partners of index patients, it is critical that they receive their results and are subsequently linked to care and other prevention services. The objective below looks at provision of test results. Multiple objectives may be created to look at specific time frames for receipt of results. If providing test results is a challenge for the program, you may want to pose an additional evaluation question, objective(s) and measure(s) to determine the most effective strategy to ensure that clients receive their test results.

15.	X% of partners who newly test HIV positive will receive their test results within [time frame].	How effectively is the program identifying new cases of HIV infection?	# of partners newly testing HIV positive who received their test results within [time frame] / # of partners newly testing HIV positive, for a defined period			



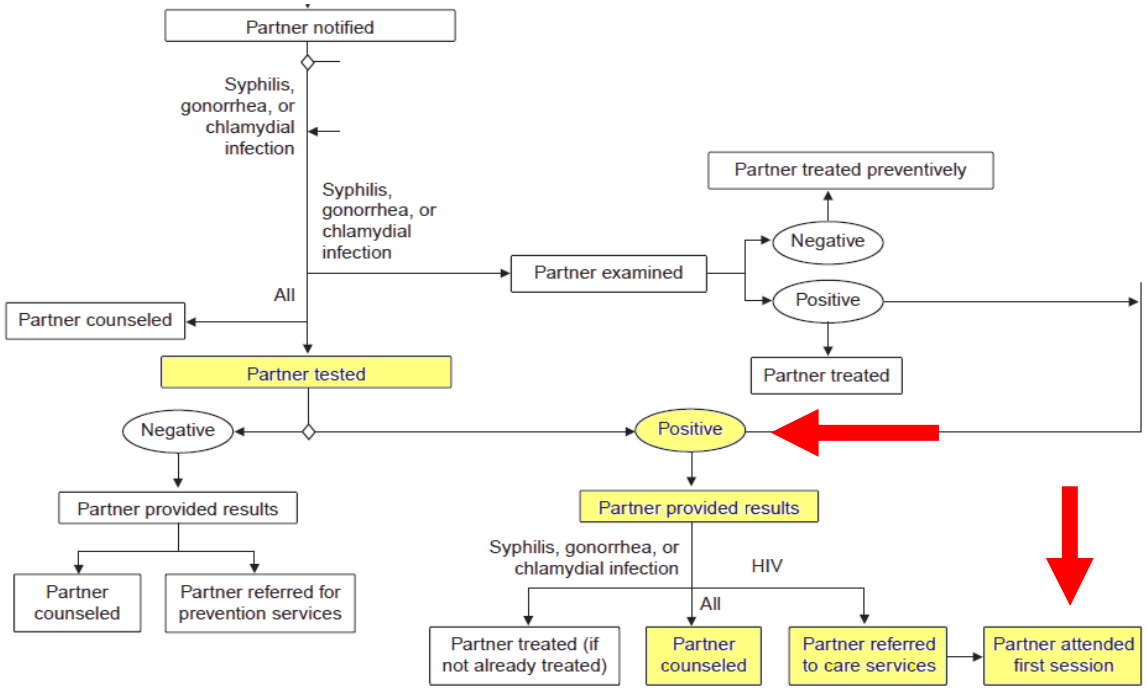
Sample objectives 16-17

In order to answer ***how effectively the program is linking patients newly testing HIV positive to care***, follow-up is needed to ensure that patients attend at least one medical care appointment.

The first objective below looks at those newly testing HIV positive who access their first medical appointment out of all clients who test positive for HIV. However, if the client does not access care, it is not clear from the measure if he/she was actually referred in the first place. For quality assurance, you may also want to look at the total number of partners testing HIV positive who attended their first appointment divided by the total number of partners testing HIV positive who were referred to care. If every partner who tested positive was referred to care, the measures will be the same. You may want to add additional objectives and related questions to look at the number of referrals per partner newly testing HIV positive or to determine the best methods of referral to link partners to care.

To look at the reach of partner services, you may also calculate how many HIV positive partners were linked to and accessed care per index patient interviewed.

Objective		Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
16.	By [time frame], X% of new HIV-positive partners will be referred to medical care services and attend their first appointment.	How effectively is the program linking patients newly testing HIV positive to care services?	# of partners newly testing HIV positive who were referred to medical care services and attended their first appointment / # of partners newly testing HIV positive, for a defined period			
17.	By [time frame], determine the number of new HIV-positive partners linked to medical care services per index patient interviewed.	How effectively is the program linking patients newly testing HIV positive to care services?	# of partners newly testing HIV positive who were referred to medical care services and attended their first appointment / # of index patients interviewed, for a defined period			



Additional evaluation questions

Although specific examples will not be discussed, the sample objectives may also be stratified by demographic and behavioral risk characteristics to help the program identify and address the needs of specific subpopulations and answer the additional evaluation question: Do any of the preceding measures indicate variations by index patient age, race/ethnicity, sex, or risk behavior? Partner data may be further stratified by needle-sharing partners, sexual partners, and needle-sharing and sexual partners.

Developing a data collection plan

Once you have organized your evaluation questions and SMART objectives and identified the corresponding measures, the next step is to develop a plan for collecting the data. Your data collection plan should specify which data will be collected, as well as how, when, and by whom they will be collected. You also need to identify which tools to use for data collection.

Identify the data source

The data source for many of your measures will be the Interview Record, Field Record, and Cluster Interview Template developed by CDC (or other locally developed partner services data collection tools) and your partner services database. You will need to determine if the measures you have established require any data elements that you do not currently collect. If so, additional data sources will be needed and data collection tools may need to be modified and/or created to capture the additional data elements.

If additional data collection tools are developed or revised, it is important to pilot-test the data collection tools before they are deployed. During pilot-testing, check for the following:

- Are there clear instructions about how to use the data collection tools?
- Are the questions on the tools clear?
- Are you collecting the right information?
- Is there enough space to document the information?
- Are the tools too long for the amount of time given to complete them?
- Is any information missing from the tools?

Complete the "Data source" column in the data planning matrix for each SMART objective.

Objective	Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
By [timeframe], X% of eligible patients will be interviewed to elicit partner information.	How completely is the program interviewing patients for partner services?	# of patients interviewed to elicit partner information / # of patients eligible for partner services, for a defined period	Interview Record (or other local tools)		

Identify who will collect the data

The partner services staff members conducting the interviews and notifications will most likely be responsible for collecting most of the data. However, there may be additional staff involved in collecting data related to testing, treatment, and referrals. Additionally, for those measures that look at staff performance, the program manager may be responsible for the data collection. When deciding who will collect the data, consider your staffing capacity and staff work patterns. For example:

- What are the current staffing roles? Do staff members have the appropriate training and time to carry out their M&E roles?
- Based on staff workloads, what is the amount of data your agency can reasonably collect? If your data collection goals are too time-intensive for your staff capacity, you may need to review and revise your evaluation questions and SMART objectives. However, be sure that you are still collecting the data required by your funding agencies.

Additionally, staff training should be provided for any new tools and as needed to reinforce and ensure quality and consistency of data collection procedures, integration of data collection at the client level, client confidentiality, and security measures. All staff using a data collection tool, whether for data capture or data entry, should be trained on the use of the form. Training should include the definitions for each field on the tool, even if the definition may seem obvious.

Complete the "Who will collect the data?" column in the data planning matrix for each SMART objective.

Objective	Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
By [timeframe], X% of eligible patients will be interviewed to elicit partner information.	How completely is the program interviewing patients for partner services?	# of patients interviewed to elicit partner information / # of patients eligible for partner services, for a defined period	Interview Record (or other local tools)	DIS (or other partner services providers)	

Data collection protocol

Agencies are encouraged to document their data collection plan and procedures in a formal protocol, so that everyone collects information in a similar fashion. The data collection protocol should include all the steps in the data collection process, from obtaining and recording data to purging records. The data collection protocol should also capture two major activities related to data collection: data capture and data entry. Data capture is the act of taking the information about the client or the session and completing a paper record or electronic record, while data entry is the process of entering the data from a paper record into a database. Additionally, each staff person's role in implementing the agency's security procedures should be identified and documented in the data collection protocol. It is important to keep reporting deadlines in mind and allocate sufficient time and resources to collect and enter data. The last column in the data planning matrix helps you plan by specifying a time line for completing data collection tools.

Complete the "Time frame for data collection" column in the data planning matrix for each SMART objective.

Objective	Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
By [timeframe], X% of eligible patients will be interviewed to elicit partner information.	How completely is the program interviewing patients for partner services?	# of patients interviewed to elicit partner information / # of patients eligible for partner services, for a defined period	Interview Record (or other local tools)	DIS (or other partner services providers)	Completed documentation submitted to supervisor within 3 days of interview

Additional questions that the data collection protocol should answer include:

- How and where the completed data collection tools will be stored? (This is especially important if tools contain confidential client information.)
- Who should have access to the tools?
- How will the tools be transported from place to place, if needed? (Do they need to be sent to a central office for data entry?)
- Who will enter data from the tools into a database and how often?
- How long will the tools be stored after data entry?
- What security procedures are in place to protect data?

Tip

A **sample data planning matrix** is available as **Tool 6** in Section III of this guide.

STEP 5. JUSTIFY CONCLUSIONS: ANALYZE AND MANAGE DATA

Data must be translated into information that will inform an agency's decisions. Once an agency has developed its data collection plan, the next step is to determine how and by whom data will be entered, analyzed, managed, and used. This step provides an overview of issues to consider when analyzing and managing partner services data. Having appropriate policies and procedures in place is crucial to ensure the protection and security of confidential client information.

DATA ANALYSIS
The process of organizing, classifying, tabulating, and examining the information you collected and presenting the results so they can be easily understood by your stakeholders.

DATA MANAGEMENT
Refers to policies and procedures that ensure the proper storage, transport, and disposal of data.

Following data collection, there are several activities that must be undertaken to effectively and efficiently manage and use data for partner services program improvement. Each of the following activities will be discussed in further detail in this step:

- Enter and compile data
- Clean data
- Analyze data

Additionally, sufficient staff resources are critical for efficient and accurate data analysis and management. Below are some considerations when assessing staff capacity:

- If staff capacity to compile, clean, and/or analyze data is not sufficient, what skill sets do you need in an outside evaluator or quality assurance monitor?
- Do staff members have the necessary training on database reports and extracts?
- Have staff members been trained on the agency's policies and procedures for maintaining client confidentiality and data security?

Data compilation

Data compilation refers to combining various sources of data and presenting them in a manageable form. The process involves gathering and tallying data from records and/or databases in order to combine them into a total aggregate count.

Partner services programs use various databases, including the STD Management Information System (STD*MIS), Program Evaluation and Monitoring System (PEMS), and local state systems and/or case management systems. Each of these databases will have the ability to produce reports and extract data that have been entered. See Section IV for additional system resources.

Data security is a high priority when compiling partner services data. Additionally, it is essential to ensure confidentiality and security of shared data between programs. Agencies should develop and maintain procedures to protect all client-related data. These procedures must comply with CDC security requirements. In addition, the procedures should include the following:

- Hardcopy data should be kept in locked file cabinets in locked offices.
- Electronic data should be password-protected.
- Access to data should be limited to select individuals as appropriate.

Data should be recorded and reported in accordance with state and local guidelines and regulations.

Consult "Appendix D: Guiding Principles and Standards for Record Keeping and Data Collection, Management, and Security for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection" in the CDC recommendations for additional information about program security considerations.

Data cleaning

Cleaning data is a key component of data compilation. When cleaning data, errors are detected and removed from the data set. One focus of data cleaning is to identify data missing from the database and from records. Efforts should be made to identify and complete missing information. Data cleaning can start by checking that records are filled out completely before entering them into a database. Another step in data cleaning is to have a second person double-check a database entry and correct any mistakes. This is usually done for a small percentage of the overall data. Thirdly, variables that have clear relationships should be compared. For example, if the data value is out of the expected range, the original data source should be double-checked and corrected if necessary, as well as the error in the data set. Data compilation should be a systematic, scheduled activity to ensure that all data are clean and available for data analysis.

Tip

Be aware of common data entry errors. While errors in data are inevitable, understanding some commonly experienced problems will better prepare agencies to detect and reconcile them. For example: missing data; copying or transcription (missing words, phrases, or misspelled words); out of range (value options are 1 – 10, entry = 44); and duplication of records.

Data analysis

Data analysis is the process of calculating quantitative data and organizing and summarizing qualitative data. The aim of data analysis is to answer evaluation questions, identify trends, and identify gaps in data. Minimally, data should be analyzed and interpreted often enough to make program improvements and meet reporting requirements. A good rule of thumb is to compile data once a month and analyze data on a quarterly basis. Once the data analysis is complete, data are ready to be utilized for reporting, program improvement, and feedback to staff and clients.

The first step in data analysis is to develop a plan detailing which data will be analyzed and how often data analysis will take place. Consider the following:

- What are your reporting requirements? Does your plan for analyzing data correspond to reporting deadlines?
- How often do you want to analyze data to consider the need for program improvements?
- What are your other reasons for analyzing data?

QUANTITATIVE DATA

Numeric information representing predetermined categories that can be treated as ordinal or interval data and subjected to statistical analysis. Quantitative data come from structured questionnaires, tests, standardized observation instruments, and program records.

Analysis of quantitative data

Quantitative data analysis does not have to involve complicated statistics. The calculation can be as simple as tallying. For example, in order to answer "How many partners were notified of their exposure during the last quarter?" you would tally:

- The total number of named partners who were notified of their exposure to syphilis, gonorrhea, chlamydial infection, and HIV during the last quarter

Quantitative data can also involve simple division of two data sets. For example, to help answer the question "How effectively did the program notify partners of syphilis index patients of their exposure during the last quarter?" you would need:

- Number of named partners notified of their exposure to syphilis during the last quarter
- Number of named partners for which notification was initiated for cases of syphilis during the last quarter

To analyze these data, you would divide the number of partners notified by the number of named partners initiated for cases of syphilis for the quarter.

Analysis of qualitative data

Not all the answers to your evaluation questions will be numeric. Data analysis also includes examining interview comments, investigation plans, supervisory comments, cluster interview notes, field record notes, and case management notes. As part of a quality assurance protocol, program managers or supervisors may observe staff performance and document their observations as notes.

For example, a supervisor may observe staff interviews to help answer the evaluation question: "How effectively is the program identifying partners of index patients?" The quantitative measure that addresses the same question calculates the proportion of named partners identified by index patients (for STDs or HIV). The qualitative component will allow the supervisor to look at the interview process by staff member to determine the effectiveness of the activity.

QUALITATIVE DATA

Detailed descriptions of situations, events, people, interactions, and observed behaviors; direct quotations from people about their experiences, attitudes, beliefs, and thoughts; or excerpts or passages from documents, correspondence, records, and case histories.

Qualitative data come from open-ended interviews, focus groups, observations, document review, and questionnaires without predetermined, standardized categories.

Tip

Although it will not be discussed here, you may find it helpful to modify your data planning matrix and add additional columns to capture data analysis activities. See the "Practical Use of Program Evaluation among STD Programs" for further guidance (Salabarría-Peña, Apt, and Walsh, 2007).

			Data collection			Data analysis		
Objective	Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection	Data analysis procedure	Who is responsible for data analysis?	Time frame for data analysis

Data management protocol

Similar to the data collection protocol that was discussed in Step 4, agencies are encouraged to document their data management plans, policies, and procedures in a formal data management protocol. Data management protocols can be considered "live documents" in that they should be responsive to the needs of the staff and organization, as well as to applicable laws, and should be revised and updated accordingly.

The contents of an agency's data management protocol will depend upon a variety of factors, including the organization's size, structure, setting, interventions, staff, general practices, and state laws governing the management of HIV/AIDS data. While there is no single strategy for storing and managing data that will work for every agency or organization, a data management protocol should describe:

- Data security policies and procedures including access
- Methods for storing, transporting, and/or disposing of data
- Policies and procedures to ensure confidentiality
- Policies and procedures to ensure ongoing data quality and control

Data storage, transport, and disposal

An organization's partner services data management protocol should address how paper and electronic data will be stored, how data will be transferred, and how and

when data will be disposed. Additionally, it should include who has access to data collection templates and records, including, but not limited to, the Interview Record, Field Record, and medical and laboratory records.

- **Data storage** is the retention of information in a paper or electronic format. At the very least, completed paper data collection tools or electronic files are stored in a locked file cabinet inside a locked room before and after data entry. The protocol should include policies to protect the Interview Record (and/or other local partner services tools) while investigative field work is ongoing.
- **Data transport** involves the movement of paper or electronic data from one location to another. This includes from one geographic location to another (e.g., from a field site to the main office) as well as from one part of a facility to another. It is particularly important that data transport protocol specify procedures related to the use and transport of the Field Record (and/or other local partner service tools).
- **Data disposal** is the final purging of paper or electronic data, and/or the hardware on which electronic data are stored.

Confidentiality

The assurance of confidentiality is the cornerstone of partner services, where it is often a critical determinant of the acceptability of services. The identity of the index patient is never revealed to partners, and partner information is never conveyed back to the index patient. At all phases of data collection, storage, transport, analysis, and reporting, the safety and protection of the privacy of individuals must be maintained, and the highest ethical standards must be upheld. The data management protocol should detail explicit standards and procedures related to confidentiality for partner services.

Ongoing data quality and control

Data quality is important because it can impact the usefulness of the results. If data are incomplete or unreliable, their worth and value are compromised. As a result, the foundation for making sound programmatic decisions is also jeopardized. Quality control is an ongoing effort that begins before data collection. Examples of procedures that can help improve the quality of data include:

- **Training**

The most efficient mechanism to improve data quality is to prevent errors before they occur. One way to do this is through staff training and continuing education. Prepared and skilled staff are the least likely to commit common errors.

- **Supervision**

Regular supervision is necessary for quality control of data collection and management. For example, supervisors and managers should regularly and carefully review information obtained through patient and cluster interviews to assure that cases are being vigorously pursued, properly documented, effectively analyzed, and that the findings are appropriately applied to continuing intervention activities.

- **Checklists**

Many data errors may either be entirely avoided or easily identified if quality assurance checklists are designed and enforced. Checklists provide an organized and uniform mechanism for staff to review their processes and identify and reconcile errors.

For detailed information on developing a data management protocol or more information about data transport, storage, and quality control, see CDC's National HIV Prevention Program Monitoring and Evaluation Guidance (NHM&EG).[10]

Review data: justify conclusions

Once the data have been analyzed, the next activity is to determine what the evaluation findings tell you about your program. You will use your SMART objectives, evaluation questions, and findings to reach conclusions about program performance. Justify the evaluation conclusions by analyzing and synthesizing the findings, so you can have a better understanding of the program activity or component you are evaluating. Based on these conclusions, you will also determine what the findings mean for your program and how it can be improved. Stakeholders must agree that the evaluation conclusions are justified before they will use the data with confidence. Use of evaluation findings will be discussed in Step 6.

10 Centers for Disease Control and Prevention. National HIV Prevention Program Monitoring and Evaluation Guidance: Making HIV Monitoring and Evaluation Work for You. Atlanta, GA: Program Evaluation Branch, Division of HIV/AIDS Prevention, National Center for HIV, Hepatitis, STD, and TB Prevention, CDC; 2009.

To summarize the findings, you should ask:

- Were the objectives met?
- Were the evaluation questions answered?

Information contained in the data planning matrix will help you determine whether the objectives were met. After data analysis, compare the actual result (calculated from the measure column) with the planned objective.

Objective	Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
85% of eligible patients will be interviewed to elicit partner information within three days of confirmation of the case report.	How completely is the program interviewing patients for partner services?	# of patients interviewed to elicit partner information / # of patients eligible (not deceased or out of the jurisdiction) for partner services, for a defined period	Interview Record (IR) (or other local form)	DIS	IR submitted to supervisor within 3 days of interview

To review the evaluation data and begin the process of justifying conclusions, it may be helpful to summarize the findings for each SMART objective in a table.

Objective	Evaluation question	Evaluation findings	Implications
85% of eligible patients will be interviewed to elicit partner information within three days of confirmation of the case report.	How completely is the program interviewing patients for partner services?	91% of HIV index patients (who were not deceased or out of the jurisdiction) were interviewed to elicit partner information within 3 days of confirmation of the case report in the period January—March 2009.	

You should also consider the implications of your evaluation results. Do you need more information? What can these evaluation findings and this objective tell you about partner services program delivery?

If the objective was met:

Decide what additional information (if any) is needed in order to understand what is contributing to the success of that activity. You will want to use the data to reinforce what is working well and provide feedback to program staff.

Objective	Evaluation question	Evaluation findings	Implications
85% of eligible patients will be interviewed to elicit partner information within three days of confirmation of the case report.	How completely is the program interviewing patients for partner services?	91% of HIV index patients (who were not deceased or out of the jurisdiction) were interviewed to elicit partner information within 3 days of confirmation of the case report in the period January—March 2009.	**Objective reached —>** What information is needed so that program staff know what to keep doing?

If the objective was not met:

Decide what information is needed in order to determine what needs to be changed. In some cases you will already have an idea of what information you need and may already have access to that information. In other situations, you may have to question staff, clients, or other stakeholders to help identify the factors that have influenced this objective and the reasons that have kept you from meeting the objective.

Objective	Evaluation question	Evaluation findings	Implications
85% of eligible HIV index patients will be interviewed to elicit partner information within three days of confirmation of the case report.	How completely is the program interviewing patients for partner services?	72% of HIV index patients (who were not deceased or out of the jurisdiction) were interviewed to elicit partner information within 3 days of confirmation of the case report in the period January—March 2009.	**Objective not reached —>** What information is needed so that program staff know what to keep doing?

Often, if an objective is not met, more questions are generated. In the example above, you would need to look at additional information to determine if: 1) the remaining HIV index patients are interviewed outside of the three-day time frame; or 2) if the proportion of index patients interviewed is low overall. Depending on the answer, you will then need to assess why staff are not completing the expected number of interviews. Is there a training issue? Are there sufficient staff and resources dedicated to partner services activities, specifically interviewing index patients? Are appropriate quality assurance activities in place? The responses to these additional questions will help you understand what is happening in the program and will enable you to take the appropriate corrective steps.

If you are not able to determine whether an objective was met:

Determine whether or not you have access to the necessary information, figure out why the information is missing, and then address the reason it is missing.

Answering the evaluation questions

After you have determined whether the objectives have been met, you will make judgments to answer your evaluation questions and classify the result (e.g., as positive or negative; high or low; excellent or poor). The essential evaluation questions outlined in the CDC recommendations and described in Step 4 of this guide are not easily quantifiable and the answers will vary greatly by program. The questions ask, "How completely" and "How effectively" is the program carrying out partner services activities? In order to answer these questions, you will have to use your SMART objectives and make a determination of how to define success for a given objective.

This process should be repeated for each SMART objective and evaluation question. For each objective, you will then recommend actions or decisions that are consistent with the conclusions.

STEP 6. ENSURE USE AND SHARE LESSONS LEARNED: USE DATA ACCORDING TO THE M&E PLAN FOR PROGRAM IMPROVEMENT, ADVOCACY, AND TO GARNER SUPPORT

The last step of the evaluation framework is to ensure that the evaluation findings are used and that the lessons are shared with stakeholders and others who need to be aware of the information. Both positive and negative findings should be disseminated. This step will help you answer the following questions:

- What should happen with the information that has been gathered and analyzed?
- How can evaluation findings be used to highlight program accomplishments and lessons learned?
- How can be data be used to inform program planning and improvement, to engage stakeholders, for advocacy, and to garner support?

This section will provide examples and case studies to illustrate how to use partner services evaluation findings for:

- Program monitoring
- Program improvement
- Program planning
- Reporting to funders and other stakeholders
- Program advocacy

Data can be used to identify which components of the partner services program are working well, which factors need to be improved, or if further data collection is necessary to determine whether an objective has been met. These data can inform steps necessary to modify, strengthen, or improve the program as appropriate

Tip

Case studies are used to illustrate how evaluation findings may be applied to a particular scenario. It is always important to remember that this is only a guide for how data can be used and shared, and local needs are the driving force for data use.

Using data for program monitoring

One way to use data effectively is to examine your process objectives and monitor whether your program is being implemented as planned. The process objectives should set reasonable, attainable standards for your program. If the process objectives were met, then it is important to understand what factors are contributing to their success. Additional information can provide insight into what contributed to the success, so that it continues.

If the process objectives were not met, it is important to gather additional information from staff, clients, and stakeholders to determine what is hindering the program from achieving its objectives and what changes can be made.

Sample case studies

The following case study is an **example** of how to monitor if the process objectives are being met. The following evaluation question was selected to illustrate this example: ***"How completely is the program interviewing patients for partner services?"***

Sample case study: Using data for program monitoring

Monica is the Partner Services Program Manager at the Healthy State Health Department, which has recently integrated its STD and HIV partner services programs. Monica has worked diligently with her new team to develop a comprehensive monitoring and evaluation plan for their partner services program. This has included developing systems and processes that will help her monitor both STD and HIV partner services activities. Monica is very interested in knowing how well the program is introducing partner services to HIV and early syphilis index patients and if these index patients are being interviewed to elicit partner information.

Monica retrieves her data planning matrix and reviews the process objectives for the evaluation question that will answer her question: ***"How completely is the program interviewing index patients for partner services?"*** The process objectives state that 95% of the HIV and early syphilis index patients will be interviewed to elicit partner information.

Objective	Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
At least 95% of new reported HIV cases will be interviewed to elicit partner information.	How completely is the program interviewing index patients for partner services?	# of HIV index patients interviewed to elicit partner information / # of HIV index patients eligible for partner services, for the reporting period	Interview Record; HARS (HIV/AIDS Reporting System)	DIS or Counselor	Completed documentation submitted to supervisor within 2 days of interview
At least 95% of new early syphilis cases will be interviewed to elicit partner information.		# of early syphilis index patients interviewed to elicit partner information / # of syphilis index patients eligible for partner services, for the reporting period			

Monica runs a report from her data tracking system for the past three months. This report shows her the total number of HIV and early syphilis index patients who were eligible for partner services (not deceased or out of the jurisdiction at the time of report), the total number of HIV and early syphilis index patients who were offered partner services, and the total number of HIV and early syphilis index patients who were interviewed to elicit partner information.

HIV Data

From the HIV report, Monica determines that during the previous three months, 103 HIV patients were eligible for partner services and 97 were offered partner services. Of the 97 who were offered partner services, 82 index patients were interviewed to elicit partner information.

Monica calculates the measure listed in the data planning matrix to help her determine if the objective was achieved.

$$\frac{\text{\# of HIV index patients interviewed to elicit partner information}}{\text{\# of HIV index patients eligible for partner services in the last 3 months}} = \frac{82}{103} \times 100 = 80\%$$

The objective was not achieved. 80% of HIV index patients were interviewed to elicit partner information. Monica also determines that 94% of the eligible HIV patients were offered partner services (97/103 = .94x100=94%).

Syphilis Data

The three-month early syphilis report shows that 126 early syphilis patients were eligible for partner services and 123 were offered partner services. Of the 123 that were offered partner services, 120 index patients were interviewed to elicit partner information.

$$\frac{\text{\# of early syphilis index patients interviewed to elicit partner information}}{\text{\# of early syphilis index patients eligible for partner services in the last 3 months}} = \frac{120}{126} \times 100 = 95\%$$

Monica organizes her findings in a table as pictured on the next page.

Objective	Evaluation question	Measure	Data source
At least 95% of new reported HIV cases will be interviewed to elicit partner information.	How completely is the program interviewing index patients for partner services?	80% of HIV index patients (who were not deceased or out of the jurisdiction) were interviewed to elicit partner information in the period April-June 2009.	**Objective not reached—>** What information is needed to determine what changes need to be made to the program?
At least 95% of new reported early syphilis cases will be interviewed to elicit partner information.		95% of early syphilis index patients (who were not deceased or out of the jurisdiction) were interviewed to elicit partner information in the period April-June 2009.	**Objective reached—>** What lesson can be learned from the success of this objective?

Use data for program improvement

The monitoring of process objectives continues. The next step is to use the findings to determine what is happening, what needs to change, and what is being done well.

Tip

It is important to examine your process objectives routinely. If they are not being met, a plan should be implemented to identify the barriers that prevent you from reaching the objectives and the program goals and to take appropriate corrective action.

Building on the previous case study, Monica will now consider what program improvement steps she needs to consider to get the interviews of HIV index cases back on track.

Sample case study: Using data for program improvement

As illustrated previously in the case study, the Healthy State Health Department partner services program successfully met the early syphilis interview objective, but fell short of the 95% HIV interview rate that they had planned. At this point in the analysis, Monica has to consider the implications of not meeting the HIV interview objective and gather additional information to determine why they did not achieve the 95% as planned.

Monica thinks that there may be many reasons why this occurred. So she begins asking herself some questions:

- Is this a staff issue, a patient issue, or both?
- Is this a training issue?
- Is this a resource issue?
- What is being done differently with the syphilis patients?
- Is it a lack of coordination among partner services staff?
- Is the standard set too high?

The staff may have forgotten to offer the services, or they may need additional training on strategies to get patients to participate. Patients may have refused to participate or never returned for the scheduled interview. It's also possible that patients were not referred to partner services staff to be interviewed. Finally, maybe the M&E team set their standards too high.

Instead of guessing, Monica decides to share the results of her analysis with staff at their next meeting in hopes of obtaining insight from them. She also hopes this meeting will give the STD program staff an opportunity to share best practices when working with the early syphilis cases.

Based on what she learns from the staff, Monica will work to improve the quality assurance procedures, plan to conduct more frequent supervision of staff, and/or provide additional staff training. She may also decide to conduct interviews or focus groups with patients to determine why they decided not to accept the services. However, these unanticipated activities are not currently accounted for in Monica's budget.

Monica may also determine that a 95% HIV interview rate may not be a reasonable standard. She could average this measure over a year to see if this is the typical interview rate. However, Monica will not want to wait a year before taking action.

At the meeting, staff attribute the difference in achievement of syphilis and HIV interview rates to differences in staff training and supervisor direction when the STD and HIV programs were separate. New policies and procedures have not been established for the newly integrated program.

What program changes must Monica make to improve service delivery?

Monica and her team agree that the first priority is to establish integrated program standards and guidelines to ensure consistency among staff. They also discuss the need to implement additional quality assurance checks, so that staff conduct self-assessments and better adhere to the new program standards and guidelines. Monica will be able to use these same tools, along with detailed monthly productivity reports, to supervise the staff and provide efficient, effective, and timely feedback. Staff members also request additional training that will help them deliver better services to patients and partners. Monica decides to review and revise the existing training protocol to include lessons learned from staff who have worked with syphilis patients, continuing education opportunities, and mechanisms to identify ongoing training needs.

In this case study, one process objective was used as an example. In reality, objectives are interconnected and analyses will involve multiple objectives. Activities that improve program performance, such as increased supervision, advanced training, and improved quality assurance practices, may influence multiple program objectives and outcomes.

Using data for program planning

During the planning phase, it is impossible to account or budget for all unanticipated circumstances. However, the monitoring and evaluation plan must account for more than just conducting M&E activities and identifying whether or not the objectives are being met. Program managers should build in additional budget and staff time, above and beyond the minimum, to allow for unexpected changes.

Recommended Activity

As part of your preparations for the next program implementation period, review M&E findings to determine where to allocate additional resources, to build on areas of strength and/or to focus on areas that need improvement.

Sample case study: Using data for program planning

Monica did not anticipate spending more time supervising staff nor did she account for more staff time and resources to provide additional training. However, she now knows that in order to obtain the 95% HIV interview rate, she will need to implement additional quality assurance activities with the staff, spend more time supervising staff, and conduct additional training.

Monica believes it is important to improve the interview rate. To do so, she will need to review her current program plan and budget to determine where she can cut some of her time in order to provide additional supervision, as well as identify where she can free up staff time for training. She also needs to identify additional resources for training.

Monica knows she has access to free partner services training through the CDC-supported Prevention Training Center, so she will not have to pay for the training. However, she will have to make accommodations for her staff to attend training. Monica now understands that she must allocate additional resources for unexpected events for the next program planning period.

Using data for reporting to funders and other stakeholders

Agencies are accountable to many stakeholders. They include not only program funders, but also agency leaders, program staff, clients, and the community that the agency serves. Some stakeholders are particularly interested in data that show the program has met its goals and objectives, as well as data to support accountability and the effective and efficient use of funds. Clients and the larger community are interested in data that show quality care, the best services, and that their needs are being met.

Data can be used to identify trends or changes in client characteristics (such as risk factors) or a shift in client demographics that may help you build a case for additional funding from a new source. Data can also build credibility for the agency and program by showing stakeholders how program data were used to make improvements. Community forums are another way of being accountable to the community you serve by sharing findings and showing that your agency values the community's health concerns.

Agencies can also use data to promote their programs and services. Technology has allowed programs to easily expand their reach. Therefore, marketing efforts should not be limited to brochures and/or TV and radio, but should also include new media and web-based venues, such as podcasts, texting, blogs, Facebook, My Space, Twitter, etc. Marketing can enable an agency to forge partnerships with new organizations, maintain or renegotiate existing partnerships, and reach new populations.

Finally, within the program, data should be used not only for program improvement, but also to highlight areas of success. It is critical that these successes are shared with staff. Not only will this help staff understand how they have contributed, but it will also increase morale, contribute to retention, and encourage them to keep doing what works.

Tip

Regular data analysis can yield valuable information to share with stakeholders. Invest the time!

Sample case study: Using data for reporting to funders and other stakeholders

Monica is able to build staff buy-in because she recognizes that program staff are important stakeholders, and she has involved them in the monitoring and evaluation process. As described earlier, Monica presented the data to her staff to help her understand their implications and strategize on ways to make improvements.

As Monica continues to conduct data analyses to look at how well her program is doing, she observes a shift in client demographics. Traditionally, the program has served predominantly African-American women and a few African-American men. But looking at her current race and ethnicity data report from her tracking system, she realizes that the client demographics are changing.

Monica decides to pull reports from the previous three years to compare them to the current report. She confirms that there has been nearly a 20% increase in African immigrant clients in the past year and a 30% increase in the last three years.

Monica decides to investigate this finding further and meets with her direct services staff to learn more. The staff confirm that they have also seen this shift. She also reviews the local census and schedules a meeting with the community planning group (CPG) to assess whether this trend is also occurring within the community at large. The CPG and local census report confirm that African immigrant communities are growing in the area.

Monica decides that she will need to revisit her marketing campaign, and once again this is not something for which she had allocated resources. However, with these data, she can reach out to new funders that are seeking to serve this population and potentially obtain funding for both her marketing campaign and additional programs.

Using data for program advocacy and support

Given the community health data that agencies have on hand, public health organizations, health care agencies, and community-based organizations are in a strong position to advocate for increased funding for services and/or policy changes. Recognizing that advocacy and legislative processes vary across states, it is important to know your state and local policies, as well as who your state and local representatives are and how to gain access to them.

Additionally, local data across jurisdictions can be aggregated to create a national picture and influence national health policies. In order to have an impact on local or national health policy, the data must be packaged appropriately and the community must be mobilized. There are several organizations across the country to assist agencies in their advocacy efforts.

Data can also help to identify gaps of services within a program. Equipped with this information, an agency may use these data to garner support and obtain additional funding.

Tip

Data are powerful! It is important to analyze your data and make changes if feasible. Use data to support your programs.

Sample case study: Using data for advocacy and to garner support

Now Monica has to reexamine her program to be sure that the newly identified African immigrant population needs are being appropriately addressed. She currently does not have African members on her staff and translation services are not available. She will also have to identify which African countries are being represented in this population.

Monica decides to conduct a focus group with the new population to assess their needs and determine how to better serve them. Upon completing the focus group, Monica is able to identify the predominant countries of origin of her new population and identify specific needs of this African immigrant population.

Next Monica has to identify new resources to better serve the population. She decides to present the results of her focus group to the CPG to garner additional resources. She also advocates for additional funding for services for this newly identified population. She also decides to apply for a new CDC funding opportunity that is intended to expand services to new or emerging populations.

Admittedly, conducting routine data analysis is time-consuming and requires a level of effort many agencies are not able to provide. However, the goal of delivering the best quality care to clients in an efficient and effective manner requires a serious commitment to monitoring and evaluation. It is part and parcel of the entire quality of care package.

Keep on analyzing and using data for program improvement!

3 TOOLS

Tool 1: Assess Organizational Capacity to Conduct M&E

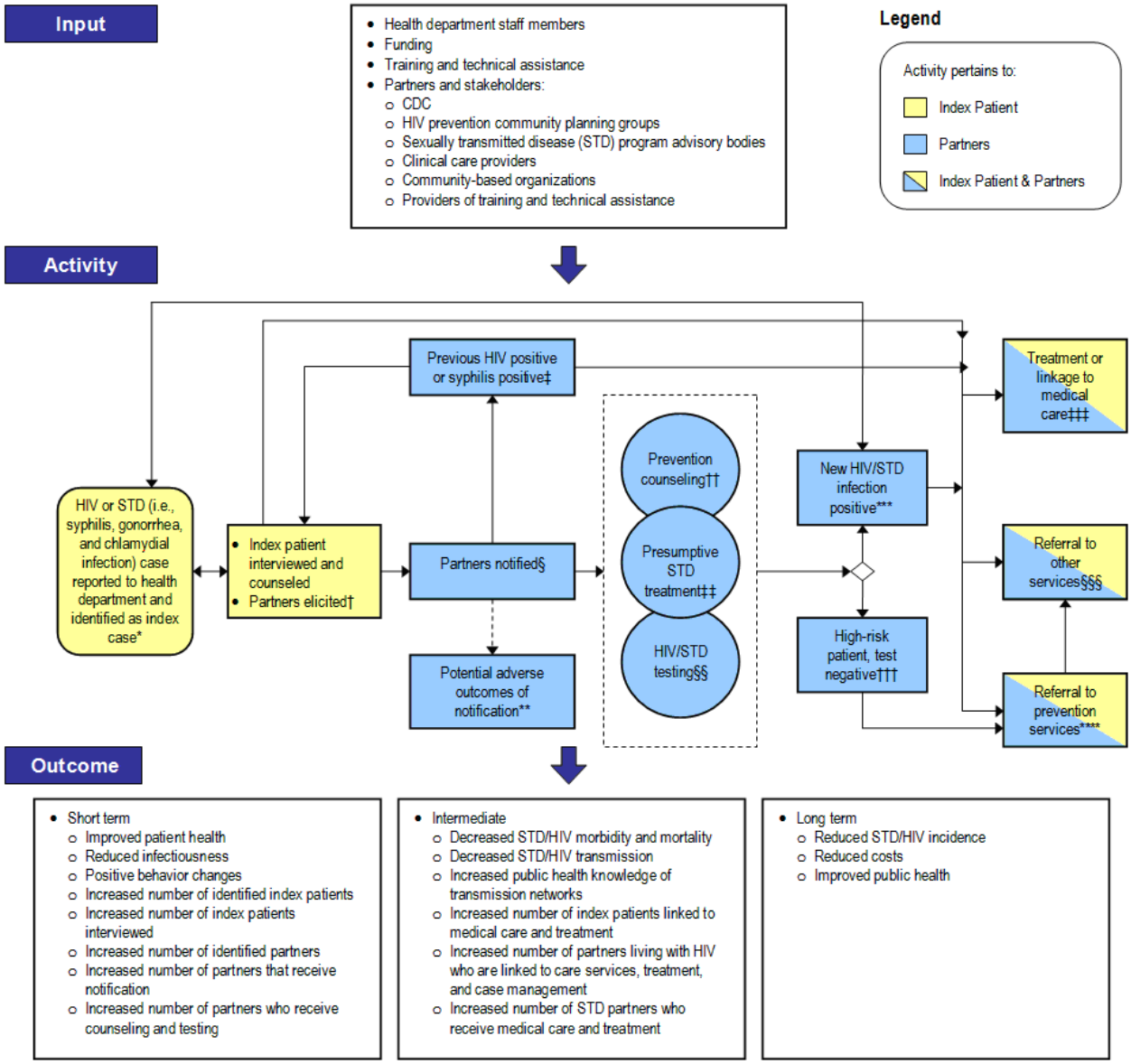
Use the checklist below as a tool to help you determine what additional activities you need to undertake or what additional technical assistance your program requires before you can begin to conduct M&E activities.

Activities have been categorized by: resources, organizational structure and operations, and organizational culture. For each activity, indicate if it has already been completed or if the agency has yet to complete the activity by selecting the appropriate category under "in progress." If you are actively working to complete the activity, select "top priority" or "medium priority." "Low priority" can be selected for those activities that you have not yet begun. Note that "low priority" activities still fall under the "in progress" category because all activities on the checklist are integral to conducting quality M&E. For this reason, you may modify the checklist by adding to it, but you should not remove any of the activities that are already listed.

Activity	Status				Comment
	In place/ Completed	In progress			
		Top priority	Medium priority	Low priority	
Resources					
An M&E coordinator has been identified.					
There are sufficient funds allocated to M&E activities.					
Staff who will conduct M&E activities have been identified.					
There is sufficient staff time allocated to M&E activities.					
Staff have the required technical skill sets to conduct M&E activities.					
Staff have received M&E training.					
Staff are trained on data collection tools.					
Staff are trained on data entry.					
There are adequate supplies and equipment to support M&E activities.					

Activity	Status				Comment
	In place/ Completed	In progress			
		Top priority	Medium priority	Low priority	
Organizational Structure and Operations					
Staff have the authority to carry out the functions associated with each M&E objective.					
Stakeholders who will participate in M&E activities have been identified.					
The intended users of evaluation findings have been identified.					
Data needs have been determined.					
Data collection tools have been identified.					
Reporting deadlines are established.					
A data system has been identified and is adequately supported to allow for data storage and security.					
There is a mechanism in place to communicate with internal and external stakeholders.					
Organizational Culture					
Leaders who are committed to M&E have been identified.					
There is buy-in among the staff for monitoring and evaluation.					
There is a desire to use the evaluation findings.					
There is a mechanism in place to incorporate data into the decision- making process.					
There is a mechanism in place to use evaluation findings to change program operations.					

Tool 2: Logic Model for Partner Services



* Cases may be reported to the health department surveillance unit by clinical providers (including STD and other health department clinics), counseling and testing providers, or laboratories. Cases may be reported to the partner services program through the surveillance unit or directly by providers or laboratories.
† Demographic and risk information obtained from interviews can be provided back to the health department surveillance unit through the Health Department Partner Services Program.
‡ Cases of serofast syphilis (i.e., low and stable titers) are closed at this point.
§ Partners may be notified of exposure via provider referral, third-party referral, self-referral, contract referral, or dual referral.
** Adverse outcomes of partner notification include intimate partner violence or relationship dissolution.
†† Client-centered prevention counseling should be available for partners.
‡‡ Treatment for bacterial STDs (e.g., syphilis, gonorrhea, or chlamydial infection) administered presumptively should be available for partners.
§§ HIV/STD testing should be available for partners.
*** Laboratory results confirm new HIV case, STD case, or both.
††† Laboratory results are negative for HIV case, STD case, or both, but person is at high risk for HIV or STDs.
‡‡‡ Clients who test positive for bacterial STDs (e.g., syphilis, gonorrhea, or chlamydial infection) who were not treated presumptively are treated or referred for treatment. Clients who test positive for HIV are linked to medical care, which includes STD screening, hepatitis B vaccination, and other medical services.
§§§ Clients are referred or directly linked to other services, such as mental health treatment and social services such as housing, case management, and support groups.
**** Clients are referred or directly linked to prevention services, such as comprehensive risk counseling and services and group-level interventions.

Tool 3: Develop SMART Objectives

SPECIFIC	MEASURABLE	APPROPRIATE	REALISTIC	TIME-PHASED
■ The objective is concrete, detailed, and focused. ■ Objective includes words like: **develop obtain provide follow-up hire recruit train deliver report increase improve refer**	■ The objective determines how much of the action or behavior can be accomplished. ■ The objective includes a **number**, **percent**, **average**, or **change over time.**	■ The objective is derived from the program logic model.	■ The objective is practical and reason-able.	■ The objective has a set time frame for achievement: by (date) **annually**, **semi-annually**, **quarterly**, **at each session.**

Example: 85% of eligible syphilis index patients will be interviewed to elicit partner information within three days of confirmation of the case report.

SPECIFIC	MEASURABLE	APPROPRIATE	REALISTIC	TIME-PHASED
Eligible syphilis patients will be interviewed to elicit partner information	85% of eligible syphilis index patients	Yes	Yes	Within 3 days

Tool 4: Sample Partner Services SMART Objectives

Below you will find some examples of partner services SMART objectives. These objectives reflect the components of the logic model (**Tool 2**). The examples should be tailored to meet your agency's implementation of partner services. You will likely want to use the examples below to create separate objectives for each infection, based on the appropriate time frames.

Although the list is extensive, it is by no means complete. Note that program data should be entered in accordance with the specifications of your program.

Process Objectives
[STD & HIV] ■ X% of eligible cases will be reported to the partner services program within [time frame] of confirmation of case report.
[STD & HIV] ■ By [time frame], X% of eligible patients will be interviewed to elicit partner information.
[STD] ■ By [time frame], index patients will name a minimum of two partners for cases of syphilis. ■ By [time frame], index patients will name a minimum of two partners for cases of gonorrhea. ■ By [time frame], index patients will name a minimum of two partners for cases of chlaymydial infection.
[HIV] ■ By [time frame], index patients will name a minimum of two partners for cases of HIV infection.
[STD] ■ By [time frame], notification will be initiated for X% of named partners for cases of syphilis. ■ By [time frame], notification will be initiated for X% of named partners for cases of gonorrhea. ■ By [time frame], notification will be initiated for X% of named partners for cases of chlamydial infection.
[HIV] ■ By [time frame], notification will be initiated for X% of named partners for cases of HIV infection.
[STD] ■ By [time frame], X% of named partners for cases of syphilis will be notified. ■ By [time frame], X% of named partners for cases of gonorrhea will be notified. ■ By [time frame], X% of named partners for cases of chlamydial infection will be notified.
[HIV] ■ By [time frame], X% of named partners for cases of HIV infection will be notified
[STD] ■ By [time frame], X% of named partners initiated for cases of syphilis will be examined or tested. ■ By [time frame], X% of named partners initiated for cases of gonorrhea will be examined or tested. ■ By [time frame], X% of named partners initiated for cases of chlamydial infection will be examined or tested.
[HIV] ■ By [time frame], X% of named partners initiated for cases of HIV infection will be tested.

Process Objectives, continued
[STD] ■ By [time frame], X% of named partners will be treated preventively for syphilis. ■ By [time frame], X% of named partners will be treated preventively for gonorrhea. ■ By [time frame], X% of named partners will be treated preventively for chlamydial infection.
[STD] ■ By [time frame], X% of named partners found to be infected will be treated for cure in cases of syphilis. ■ By [time frame], X% of named partners found to be infected will be treated for cure in cases of gonorrhea. ■ By [time frame], X% of named partners found to be infected will be treated for cure in cases of chlamydial infection.
[HIV] ■ By [target date], determine the number and proportion of partners who are newly testing HIV positive.
[HIV] ■ By [time frame], determine the proportion of new HIV-positive partners identified per index patient interviewed.
[HIV} ■ By [time frame], X% of partners who newly test HIV positive will receive their test results.
Outcome Monitoring Objectives
[HIV] ■ By [time frame], X% of new HIV-positive partners will be referred to medical care services and attend their first appointment.
[HIV] ■ By [time frame], determine the number of new HIV-positive partners linked to medical care services per index patient interviewed.
[STD] ■ By [time frame], determine the number of STD partners who receive medical care and treatment per index patient interviewed.
Quality Improvement Objectives
[STD & HIV] ■ By [time frame], all staff will be trained on partner services procedures, protocols, and performance standards.
[STD & HIV] ■ On at least [occasions] per year, staff will receive feedback on record keeping, client confidentiality, and data security.
[STD & HIV] ■ On at least [occasions] per year, staff will be assessed on adherence to program guidelines, protocols, and performance standards.
[STD & HIV] ■ Before [time frame], services will be reviewed to assess appropriateness to cultures, languages, sex, sexual orientation, ages, and developmental levels of clients.

Tool 5: Sample Partner Services Evaluation Questions

This tool provides a sample of questions specific to partner services. The samples below should be tailored to meet your agency's implementation of partner services.

Process Evaluation Questions

- How completely is the program identifying newly reported cases and interviewing patients for partner services?
- How effectively is the program identifying partners, notifying them of their risk, and examining or testing them for infection?
- How effectively is the program identifying new cases of syphilis, gonorrhea, and chlamydial infection through partner services?
- How effectively is the program treating patients through partner services?
- How effectively is the program identifying new cases of HIV infection and linking the patients to care services through partner services?
- Do any of the preceding measures indicate variations by index patient age, race/ethnicity, sex, or risk behavior?

Process Evaluation Questions (Index Patients)

- Among persons with newly reported infection who are not deceased or out of jurisdiction, what proportion is reported to the partner services program?
- Among persons reported to the partner services program, what proportion is successfully contacted?
- Among index patients who are contacted, what proportion is interviewed?
- For index patients who are contacted but decline to be interviewed, what reasons do they give for declining?
- Among index patients who are interviewed, what proportion claims any partners and what proportion claims no partners?
- Among index patients who are interviewed, what proportion identifies any locatable partners and what proportion identifies none?
- For interviewed index patients, how many total partners are claimed and how many locatable partners are identified?

Outcome Monitoring Evaluation Questions

- What proportion of index patients are linked to medical care and treatment?
- What proportion of partners living with HIV are linked to care services, treatment, and case management?
- What proportion of STD partners receive medical care and treatment?

Quality Improvement Questions

- Does the agency have written program operating procedures and standards?
- Are staff trained on procedures, protocols, and performance standards?
- Are staff adhering to program guidelines, protocols, and performance standards?
- Do staff receive routine and timely feedback on record keeping, client confidentiality, and data security?
- Are services and materials regularly reviewed to assess their appropriateness to cultures, languages, sex, sexual orientation, ages, and developmental levels of clients?

Tool 6: Sample Partner Services Data Planning Matrix

Objective		Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
1. [STD & HIV]	X% of eligible cases will be reported to the partner services program within [time frame] of confirmation of case report.	How completely is the program identifying newly reported cases?	# of eligible cases reported to partner services program within [time frame] of confirmation of case report / # of eligible cases identified within a defined period			
2. [STD & HIV]	By [time frame], X% of eligible patients will be interviewed to elicit partner information.	How completely is the program interviewing patients for partner services?	# of patients interviewed to elicit partner information / # of patients eligible for partner services, for a defined period			
3a. [STD]	By [time frame], index patients will name a minimum of two partners for cases of syphilis.	How effectively is the program identifying partners of index patients in cases of syphilis, gonorrhea, and chlamydial infection?	# of named partners / # of index patients interviewed for cases of syphilis, for a defined period			
3b. [STD]	By [time frame], index patients will name a minimum of two partners for cases of gonorrhea.		# of named partners / # of index patients interviewed for cases of gonorrhea, for a defined period			
3c. [STD]	By [time frame], index patients will name a minimum of two partners for cases of chlamydial infection.		# of named partners / # of index patients interviewed for cases of chlamydial infection, for a defined period			

Objective		Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
4. [HIV]	By [time frame], index patients will name a minimum of two partners for cases of HIV infection.	How effectively is the program identifying partners of index patients in cases of HIV infection?	# of named partners / # of index patients interviewed for cases of HIV infection, for a defined period			
5a [STD]	By [time frame], notification will be initiated for X% of named partners for cases of syphilis.	How effectively is the program notifying partners of index patients of their risk for syphilis, gonorrhea, and chlamydial infection?	# of named partners initiated / # of named partners elicited for cases of syphilis for a defined period			
5b. [STD]	By [time frame], notification will be initiated for X% of named partners for cases of gonorrhea.		# of named partners initiated / # of named partners elicited for cases of gonorrhea, for a defined period			
5c. [STD]	By [time frame], notification will be initiated for X% of named partners for cases of chlamydial infection.		# of named partners initiated / # of named partners elicited for cases of chlamydial infection, for a defined period			
6. [HIV]	By [time frame], notification will be initiated for X% of named partners, for cases of HIV infection.	How effectively is the program notifying partners of index patients of their risk for HIV infection?	# of named partners initiated for cases of HIV infection / # of named partners elicited for cases of HIV infection, for a defined period			

Objective		Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
7a. [STD]	By [time frame], X% of named partners for cases of syphilis will be notified.	How effectively is the program notifying partners of index patients of their risk for syphilis, gonorrhea, and chlamydial infection?	# of named partners notified / # of named partners initiated for cases of syphilis, for a defined period			
7b. [STD]	By [time frame], X% of named partners for cases of gonorrhea will be notified.		# of named partners notified / # of named partners initiated for cases of gonorrhea, for a defined period			
7c. [STD]	By [time frame], X% of named partners for cases of chlamydial infection will be notified.		# of named partners notified / # of named partners initiated for cases of chlamydial infection, for a defined period			
8. [HIV]	By [time frame], X% of named partners for cases of HIV infection will be notified.	How effectively is the program notifying partners of index patients of their risk for HIV infection?	# of named partners notified / # of named partners initiated for cases of HIV infection, for a defined period			

Objective		Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
9a. [STD]	By [time frame], X% of named partners initiated, for cases of syphilis will be examined or tested.	How effectively is the program identifying new cases of syphilis, gonorrhea, and chlamydial infection?	# of partners examined or tested / # of named partners initiated for cases of syphilis, for a defined period			
9b. [STD]	By [time frame], X% of named partners initiated, for cases of gonorrhea, will be examined or tested.		# of partners examined or tested / # of named partners initiated for cases of gonorrhea, for a defined period			
9c. [STD]	By [time frame], X% of named partners initiated, for cases of chlamydial infection, will be examined or tested.		# of partners examined or tested / # of named partners initiated for cases of chlamydial infection, for a defined period			
10. [HIV]	By [time frame], X% of named partners initiated for cases of HIV infection will be tested.	How effectively is the program identifying new cases of HIV infection?	# of partners tested for HIV / # of named partners initiated for cases of HIV infection, for a defined period			

Objective		Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
11a. [STD]	By [time frame], X% of named partners will be treated preventively for syphilis.	How effectively is the program treating patients in cases of syphilis, gonorrhea, and/or chlamydial infection?	# of named partners treated preventively for cases of syphilis / # of named partners of primary, secondary, and early latent syphilis index cases exposed within the previous 90 days			
11b. [STD]	By [time frame], X% of named partners will be treated preventively for gonorrhea.		# of named partners treated preventively for cases of gonorrhea / # of named partners for cases of gonorrhea, for a defined period			
11c. [STD]	By [time frame], X% of named partners will be treated preventively for chlamydial infection.		# of named partners treated preventively for cases of chlamydial infection / # of named partners for cases of chlamydial infection, for a defined period			

Objective		Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
12a. [STD]	By [time frame], X% of named partners found to be infected will be treated for cure in cases of syphilis.	How effectively is the program treating patients in cases of syphilis, gonorrhea, and/or chlamydial infection?	# of named partners treated for cure for cases of syphilis / # of named partners found to be infected with syphilis, for a defined period			
12b. [STD]	By [time frame], X% of named partners found to be infected will be treated for cure in cases of gonorrhea.		# of named partners treated for cure for cases of gonorrhea / # of named partners found to be infected with gonorrhea, for a defined period			
12c. [STD]	By [time frame], X% of named partners found to be infected will be treated for cure in cases of chlamydial infection.		# of named partners treated for cure for cases of chlamydial infection / # of named partners found to be infected with chlamydial infection, for a defined period			
13. [HIV]	By [target date], determine the number and proportion of partners who are newly testing HIV positive.	How effectively is the program identifying new cases of HIV infection?	# of partners newly testing HIV positive / # of partners tested for HIV infection, for a defined period			

	Objective	Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
14. [HIV]	By [time frame], determine the proportion of new HIV-positive partners identified per index patient interviewed.	How effectively is the program identifying new cases of HIV infection?	# of partners newly testing HIV positive / # of index patients interviewed, for a defined period			
15. [HIV]	By [time frame], X% of partners who newly test HIV positive will receive their test results.	How effectively is the program identifying new cases of HIV infection?	# of partners newly testing HIV positive who received their test results / # of partners newly testing HIV positive, for a defined period			
16. [HIV]	By [time frame], X% of new HIV positive partners will be referred to medical care services and attend their first appointment.	How effectively is the program linking patients newly testing HIV positive to care services?	# of partners newly testing HIV positive who were referred to medical care services and attended their first appointment / # of partners newly testing HIV positive, for a defined period			
17. [HIV]	By [time frame], determine the number of new HIV-positive partners linked to medical care services per index patient interviewed.	How effectively is the program linking patients newly testing HIV positive to care services?	# of partners newly testing HIV positive who were referred to medical care services and attended their first appointment / # of index patients interviewed, for a defined period			

Glossary

Associate - A person, named by another person who is not infected with the disease in question, as someone who might benefit from counseling, examination, or testing for human immunodeficiency virus (HIV) infection or other sexually transmitted diseases (STDs). Typically, associates are persons named by noninfected partners of index patients, but they also might be named by social contacts or other associates. Associates might include persons with symptoms suggestive of disease, partners of other persons known to be infected, or others who might benefit from examination.

Claimed partners - A person with whom the index patient has had sex and/or shared drug-injection equipment at least once.

Cluster index - The number of named social contacts divided by the number of index clients interviewed.

Cluster interview - An interview with a noninfected partner (or social contact or associate), conducted to elicit information about persons within the social network (e.g., associates) who might benefit from counseling, examination, or testing for HIV and other STDs. Such persons might include persons with symptoms suggestive of disease, partners of other persons known to be infected, or others who might benefit from examination.

Clustering - The process of eliciting information from index patients about persons in their social networks, other than partners, who might benefit from counseling, examination, or testing for STDs/HIV. These persons are referred to as social contacts (or suspects, in traditional STD program terminology) and might include persons with symptoms suggestive of disease, partners of other persons known to be infected, or others who might benefit from examination.

Confidentiality - The ethical principle associated with the health profession (or the legal right of a client receiving health care services) in which health professionals do not disclose information relating to a patient unless the patient gives consent permitting disclosure or disclosure is necessary to protect public health.

Contact index - The number of named partners initiated divided by the number of index patients interviewed.

Data analysis - The process of organizing, classifying, tabulating, and examining the information collected and presenting the results so they can be easily understood by stakeholders.

Data management - Policies and procedures that ensure the proper storage, transport, and disposal of data.

Data management protocol - A set of standard operating procedures and a code of conduct for confidentiality and the proper storage, transportation, disposal, and management of data before and after entry into an electronic system.

Data planning matrix - A table that captures evaluation questions, the associated objectives, and how, by whom, and when data will be measured.

Disease intervention specialist (DIS) - A health department staff member who is specially trained to interview persons infected with HIV or another STD (i.e., index patients); elicit information about their partners and associates; notify the partners of their possible exposure; ensure that the partners are offered appropriate services, including examination, treatment, and referrals; and provide prevention counseling to index patients, partners, social contacts, and associates.

Drug-injection partner - A person with whom a patient shares drug-injection equipment (e.g., needles, syringes, cottons, cookers, or rinse water). These persons have been traditionally referred to as needle-sharing partners or syringe-sharing partners.

Early syphilis - Primary, secondary, and early latent syphilis.

Eligible - Index patients who are not deceased or out of the jurisdiction at the time of report.

Evaluation - The systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future programming.

Expedited partner therapy (EPT) - The process by which treatment for partners of persons diagnosed with gonorrhea or chlamydial infection is administered before clinical evaluation. Medications or prescriptions are delivered through either 1) the index patient (i.e., patient-delivered partner therapy) or 2) a disease intervention specialist (i.e., field-delivered therapy).

HIV prevention community planning group (CPG) - A planning group consisting of local health officials, representatives from affected communities, and technical experts who share responsibility for developing a comprehensive HIV prevention plan for their community. The intent of the process is to increase meaningful community involvement in prevention planning, to improve the scientific basis of program decisions, and to target resources to those communities at highest risk for HIV transmission and acquisition.

Index case - The first case recognized or reported during an outbreak or epidemic. In epidemiology, the term case generally refers to an episode of infection or disease, not to a unique person. An index case is not necessarily the source of an outbreak or epidemic; it is simply the first case identified. In the context of HIV/STD partner services, an index case is a newly re-

ported case that prompts the initiation of an investigation to identify other possibly related cases. For curable STDs, the term index case refers to discrete episodes of infection. A person who has recurrent episodes of a curable STD during a defined time period is counted as a separate index case for each episode. For example, a person who has three reported episodes of gonorrhea during one year would represent three index cases during that year. In contrast, once a person is infected with HIV, the person remains infected; therefore, once a person with HIV infection is identified, the person will not be counted as an index case again in the future.

Index patient - The person in whom an index case occurs and who prompts the initiation of an investigation to identify other possibly related cases. Index patients also are sometimes referred to as "original patients" (i.e., the original patient identified in an investigation, not necessarily the original patient in a chain of transmission).

Indicator - A measure used to determine an organization's performance of a particular element of care over time. The indicator might measure a particular function, process, or outcome.

Logic model - A framework that guides an organization's activities by visually depicting the main elements of an intervention and illustrating the linkages between components. Logic models often include a problem statement, inputs, activities, outputs, immediate outcomes, intermediate outcomes, and impacts.

Measure - The magnitude, extent, dimension, or quantity of something relative to some unit of measurement that provides a reasonably simple and reliable basis for assessing achievement, change, or performance. Measures are specific and calculable and are related to the specific characteristics of a desired outcome. Examples include an indicator or performance target.

Monitoring - The regular observation, tracking, and recording of activities taking place in a program or project. It includes the process of systematically observing and routinely gathering information on all aspects of the program. Monitoring also involves providing feedback about the progress of the program to the stakeholders and implementers to be used in making decisions for improving program performance.

Named partner - A sex and/or needle-sharing partner claimed by the index patient with sufficient contact information provided. Denotes whether a partner is both identifiable and locatable. Named partners are those sexual and injection drug using partners that the index patient has had during the interview period for which the index patient can provide identifying information (e.g., an actual name, an alias or enough descriptive information that he/she can reasonably be considered identifiable), and sufficient information that he/she can rea-

sonably be considered locatable. The amount of information that deems a partner locatable is defined by the jurisdiction (this may include a specific e-mail address or chat room handle).

Original interview - The first interview conducted with an infected patient. The primary purpose of the original interview is to gather information from index patients about partners they have had during the relevant interview period.

Outcome monitoring - The routine documentation and review of program-associated outcomes (e.g., individual-level knowledge, attitudes and behaviors or access to services, service delivery, community or structural factors) in order to determine the extent to which program goals and objectives are being met.

Outcomes - Benefits or other results (positive or negative) for clients that might occur during or after their participation in a program. Outcomes can be client-level or system level.

Partner - For persons with syphilis, gonorrhea, or chlamydial infection: refers to sex partners (i.e., persons with whom an index patient has had sex at least once, not just regular or main partners); for persons with HIV infection: refers to sex and drug-injection partners (i.e., persons with whom an index patient has had sex or shared drug-injection equipment at least once, not just regular or main partners).

Partner elicitation - The process of obtaining the names, descriptions, and locating information of persons who are partners (or social contacts) of an index patient. Partner elicitation is one step in the process of partner referral

Partner index - The number of named partners divided by the number of index patients interviewed.

Partner notification - The process of locating and confidentially notifying partners that they have been exposed to an infection. Partner notification is one step in the process of partner referral.

Partner referral - The process in which partner names are elicited (i.e., partner elicitation), partners are located and notified of their exposure (i.e., partner notification), and notified partners receive a combination of counseling and referrals for testing (or in some cases, testing in the field) and other social support services.

Patient - A client who is diagnosed with HIV infection or another STD.

Process evaluation – Evaluation that assesses planned versus actual program performance over a period of time for the purpose of program improvement and future planning.

Process monitoring – The routine documentation and review of program activities, popula-

tions served, and resources used in order to improve the program.

Program collaboration and service integration - A mechanism of organizing and blending interrelated health concerns, separate activities, and services to maximize public health impact through new and established linkages among programs to facilitate delivery of services.

Provider referral - A notification strategy in which a health department specialist (e.g., disease intervention specialist) confidentially notifies a partner of possible exposure.

Qualitative data - Detailed descriptions of situations, events, people, interactions, and observed behaviors; direct quotations from people about their experiences, attitudes, beliefs, and thoughts; or excerpts or passages from documents, correspondence, records, and case histories. Qualitative data come from open-ended interviews, focus groups, observations, document review, and questionnaires without predetermined, standardized categories.

Quantitative data - Numeric information representing predetermined categories that can be treated as ordinal or interval data and subjected to statistical analysis. Quantitative data come from structured questionnaires, tests, standardized observation instruments, and program records

Quality - The degree to which a health or social service meets or exceeds established professional standards and user expectations.

Quality assurance - A program for the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met.

Quality improvement - An approach to the continuous study and improvement of the processes of providing services to meet the needs of the person and others.

Self-referral - A notification strategy in which an index patient accepts full responsibility for informing a partner of possible exposure and referring the partner to appropriate services. A health care provider helps the index patient determine when, where, and how to notify the partner, as well as how to cope with potential reactions. This process is also known as client referral and patient referral.

SMART objectives - Process and outcome objectives which link directly to the partner services logic model and are Specific, Measurable, Appropriate, Realistic, and Time-phased (SMART).

Social contact - A person named by the index patient during an interview as part of the social network who is not a sex or drug-injection partner of the index patient. Social contacts (referred to as suspects in previous STD partner services guidelines) might include persons with symptoms suggestive of disease, partners of other persons known to be infected, or

others who might benefit from examination.

Standards - Elements or procedures that must be followed by CDC grantees in virtually all instances in which CDC funds are used to support services.

Suspect - A social contact. This term has historically been used to describe a person named by an index patient as part of the social network who is not a sex or drug-injection partner of the index patient. These persons might have symptoms suggestive of disease, might be partners of other persons known to be infected, or might be other persons who might benefit from examination.

Third-party referral - A notification strategy by which a partner is notified of exposure to HIV or another STD by a professional other than a health department staff member (e.g., a private physician).

4 ADDITIONAL RESOURCES

A variety of resources are available to assist you as you plan and implement M&E activities for partner services. Other resources include:

- **Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection**

  These CDC recommendations were developed to help program managers at the state and local levels to plan, implement, and evaluate partner services for infected persons and their partners. The logic model, evaluation questions, and measures referenced in this field guide come directly from the recommendations.

  http://www.cdc.gov/nchhstp/partners/Recommendations.html

- **Framework for Program Evaluation in Public Health**

  This document provides an overview of the key components of public health program evaluation.

  MMWR: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm

  CDC Evaluation Working Group link: http://www.cdc.gov/eval/framework.htm

- **Evaluation Capacity Building Guide**

  This guide provides an overview of monitoring and evaluating evidence-based interventions, with particular focus on process monitoring and evaluation activities, tools, and templates. Forthcoming in 2010: www.cdc.gov/hiv/CBA

- **Practical Use of Program Evaluation among Sexually Transmitted Disease (STD) Programs**

  This manual provides guidance on how to design and implement program evaluation tailored to STD programs. http://www.cdc.gov/std/Program/pupestd.htm

- **Technical Guidance for HIV/AIDS Surveillance Programs, Volume III: Security and Confidentiality Guidelines**

  This document reflects CDC's recommendation as best practices for protecting HIV/AIDS surveillance data and information. It details program requirements and security recommendations.

  http://www.cdc.gov/hiv/topics/surveillance/resources/guidelines/guidance/index.htm

Division of STD Prevention (DSTDP) Resources

http://www.cdc.gov/std/program/

This web page includes links to documents and information related to program resources, performance measures, and program guidelines including the following:

Program Resources

- **STD*MIS** - http://www.cdc.gov/std/std-mis/

  An application provided to state and local health departments, upon request. The intent of this application is to address the most common issues facing an STD program in its efforts to manage the data that it receives from labs, providers, clinics, disease intervention specialists, etc. Additionally, a mechanism is provided so that non-named case morbidity data, in electronic format, can be transmitted to CDC via the National Electronic Telecommunications System for Surveillance (NETSS).

  The web page includes links and resources for STD*MIS:

  - Documentation
  - Downloads
  - Training
  - Contacts

- **STD Data Management & Information Technology**

  This web page provides access to information and resources designed to assist state and local STD prevention programs in their use of data and information systems. Guides, requirements, and information about available systems are included.

  http://www.cdc.gov/std/program/data-mgmt.htm

- **Internet Guidelines for Online STD Prevention and Communication**

  This document was developed by the National Coalition of STD Directors (NCSD); outlines promising practices for using the Internet for STD prevention; and provides guidance for developing Internet-based programs for partner notification, outreach, and health communication.

  http://www.ncsddc.org/upload/wysiwyg/documents/IG-FINAL.pdf

Performance Measures

Links to the Division of STD Prevention 2008 Performance Measures and accompanying documents:

- 2008 Performance Measures:
  http://www.cdc.gov/std/program/PMList2008Final.pdf
- 2008 Performance Measures Companion Guidance:
  http://www.cdc.gov/std/program/2008PMguidancefinal.pdf
- 2008 Performance Measures – Quick Reference Guide:
  http://www.cdc.gov/std/program/2008PMQuickReferenceFinal.pdf

Program Guidelines

- **Program Operations Guidelines for STD Prevention–Partner Services Chapter**

  These guidelines for STD prevention program operations are based on the essential functions contained in the Comprehensive STD Prevention Systems (CSPS) program announcement. This document includes information on pre-interview activities, post-interview activities, partner notification strategies, quality assurance, and community-based outreach.

  http://www.cdc.gov/std/program/partner/TOC-PGpartner.htm

- **STD Program Improvement Plan (PIP) Template**

  Worksheet and supplementary information developed by DSTDP to help guide project areas to use data for making improvements to their programs and activities. This resource can be obtained from the Program Consultant or DSTDP staff.

Division of HIV/AIDS Prevention (DHAP) Resources

https://team.cdc.gov/team/cdc/dispatch.cgi/pems/

This web page includes National HIV Prevention Program Monitoring and Evaluation (NHM&E) resources, including:

- **Guidance for Use of HIV Prevention Program Performance Indicators**

  This document, available in 2010, describes the purpose of the revised HIV program indicators and provides information to assist agencies in reporting indicators as part of their cooperative agreement with CDC.

- **Required HIV Partner Services Data Variables**

  This document provides a summary of the data variable requirements for HIV partner services.

- **National HIV Prevention Program Monitoring and Evaluation (NHM&E) Variables and Values**

  This data variable set contains the complete list of NHM&E data variables. For each variable, the variable number, variable name, value choices (if applicable), definition, instructions, and CDC reporting requirements are listed.

- **PEMS (Program Evaluation and Monitoring System) User Manual**

  This user manual was developed to describe the functionality of PEMS for its end-users. The manual is intended to be used as an online or hardcopy tool to help users at agencies answer specific questions about PEMS functionality.

- **National HIV Prevention Program Monitoring and Evaluation (NHM&E) Service Center**

  Tel: 1-888-PEMS-311 / (1-888-736-7311) E-mail: pemsservice@cdc.gov

  Provides support to agencies related to: 1) NHM&E data collection guidance and requirements; 2) PEMS technical assistance requests; 3) Scanning HIV test data; 4) PEMS enhancement requests or defect notices; 5) Requests for CDC Super Admins (e.g. PEMS password resets); 6) Changes in agency contact information; 7) Requests to access the PEMS Training Environment and scheduled uses of the PEMS Training Environment.

DHAP Capacity Building Branch (CBB) Resources

www.cdc.gov/hiv/CBA

Capacity building generally refers to the skills, infrastructure, and resources of organizations and communities that are necessary to affect and maintain behavior change, thus reducing the level of risk for disease, disability, and injury. CBB provides and coordinates capacity building assistance (CBA) and related resources.

- **CBA Request Information System (CRIS)** is a web-based system for technical assistance to be used by CDC-funded CBOs and CBA providers, health departments, and project officers to submit CBA requests and monitor, track, and follow up on requests.
- **Training Events Calendar (TEC)** is a web-based registration system for trainings and workshops.

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